		DIVISION OF V			STON STREET, B			201		
	04733				TE OF DEAT				1472	7
(		DRED	Middle A		Lost	20. DA	TE OF DEATH	30	69	2b. HOUR
3. \$	FEMALE	4. RACE WHITI	E	5	10-22	-86	6. AGE (In year last birthday		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o.	BIRTHPLACE (Stote or foreign phrty) PENNYL VAN I	7b. CITIZEN OF WHA		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		Y OF DEATH			
10.	CUMBERLAND	give str	E OF HOSPITAL OR IN	STITUTION (If not L HOSP	in hospitol 12o.	USUAL OCCUPA ig most of wor House	TION (Kind of work king life, even if ret Ekeeper	ired.) A	12b. KIND OF INDUSTRY t Home	BUSINESS OR
odn	USUAL RESIDENCE (Where deconsission) STAT	3b. COUNTY	EGANES:		WIRt3 13d. INSIDE	NO X	e. STREET AND NUME	BER		
	FATHER'S NAME First  JOHN	Middle	SAND	ERS		ME First EMILY	Mic	ldle	WAL	TERS
160	o. WAS DECEASED EVER IN U.S. A Yes, no. or unknown) (If yes giv	a war or dates of renaval	6b. SOCIAL SECURITY <b>217–05–3</b>		DEMORIAL	HOSPI	TAL CU	MBER	LAND,	MD.
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Conditions, if ony, which govinse to immediate couse (o'stoting the underlying couslost	DUE TO, OR AS	A CONSEQUENCE OF	ongestion herrile	e beauty	ailen	eusl of		BETWEEN ON	LS.
z	PART 2. OTHER SIGNIFICANT C		IG TO DEATH BUT N		HE TERMINAL DISEASE	ORCONDITION	GIVEN IN PART 1(o)	ij		
CERTIFICATION		b. CONDITION FOR WHICH	OPERATION WAS P	ERFORMED	20o. AUTOPSY? YES NO		Ob. IF YES, WERE FIND AUSES OF DEATH?	INGS CONS	SIDERED IN CE	RTIFYING
MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D (If either, notify medical exor	HOUR A.M.	Month Doy Yeor	21c. HOW	INJURY OCCURRED (	Enter noture of	injury in Port 1 or P	ort 2, Item	n 18.)	
ME	21d. INJURY OCCURRED 21 While Nat while of work of work	e. PLACE OF INJURY (A	FARM, STREET, FAFFICE BUILDING, ETC.	ACTORY,) 21f. LOCA	TION Street or R.F.D	. No.	City or Town	(	County	Stote
	22a. I certify that (I) (saw the deceased causes stated oba	olive on Z	150	19/07, and 1	hat in (mv) (our)	9 <u>67</u> , to apinion dec	th occurred on t	_, 19 <u>6</u> he date	, that and hour a	(I) (we) las
	22b. SIGNATURE  22d. PHYSICIAN'S	Talu	1	MIDEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DAT	E SIGNED	
	NAME (Type) DR	G. SIMON	s		22e. ADDRESS CU	MBERLA	AND, MD.			
	BUYAL (Selectify)	DATE 6/3/69	Zion	CEMETERY OR CR Memoria	L Park	Cur	CATION (City or Town		(ounty)	(Stote) aryland
	FUNERAL DIRECTOR	Bunemal Se	ADDRESS			D BY REGISTRA			NATURE	,

HILDRED A ATHEV 19-22-DO 22 THE RELIGION OF STANDARD CONTROL THROUGH AND ATHER ATTER ATHER ATTER					04733
BEAUTY WALLA WASHA AND ALEBANY WHISHER WALLAND OF SAUDENS EVILY WHISHERM SAUDENS SAUDENS EVILY WALTERS  AND SAUDENS EVILY WALTERS  WHISH WASHALL HOSPITAL CURERYAND, TO.	1:1 61 02		Yania	Α (	12021
UNISELAND OFFICE CONTROLS OF A WISELAND OF SALES		22-46	en []	1.1	3.1AM33
JOHN SAIDERS EVILY UNCTERS  JOHN SAIDERS EVILY UNCTERS  20/40 2-11/ D HEIDRIAL HOSPITAL CHREEKAND, ID.		YMAUS.LIA "		e ( + a C = a	E ADAM PARES
JOHN SANDERS EMIEV  2014 J-11 / D WENDRIAL CHIERLAND, W.  COMBERLAND, W.  ORLAN, SIMDRS  COMBERLAND, W.  COMBERLAND, W.			and Application (1991)		
OF. As. SIMMS CURERLAND, NO.	887.JM.				
ne. As. Sirons Content, And, 10.	ERLAND, UD.	D 141132 D	tagrali e v	217-2-31	
OP. A. SI ONS CUMBERLAND, US.					
OP. AG. STAGRES					
ne. /a. simons cureerland, is.					
ORLAS SINORS CURBERNAND, NO.					
	alvest vaneri				

1	114734	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	04728
1. DE	CEASED-NAME ype or print) MABEL	Middle	BÅER	20. DATE OF DEATH  APRIL Month 27 Doy	6 gor 11:00m
3. SE	FEMALE	4. RACE WHITE	S. DATE OF BIRTH 9-7-1900	6. AGE (In years last to Boay)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. B	HRTHPLACE (Stote or foreign 17) ERSDALE, PA.	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NOT	9. COUNTY OF DEATH ALLEGANY	Md.
	CUMBERLAND		ART HOSPITAL 120. US	SUAL OCCUPATION (Kind of work done most percentage)	12b. KIND OF BUSINESS OR INDUSTRY
13o. I odmis	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN  MYERSDALE  13d. INSIDE CIT  YES	Y LIMITS? 13e. STREET AND NUMBER 122 BROADWAY	
14. F/	ATHER'S NAME First C.	Middle Lost P. BAER	15. MOTHER'S MAIDEN NAME MAGGIE		L I EBERKN I GHT
16o. Ye	WAS DECEASED EVER IN U.S. ARMEI	or dates of service) 16b. SOCIAL SECURITY I		SACREDAHEAR RT 900 SETON D CUMBERLAND,	
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CO  20 - ABO  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examiner 21d. INJURY OCCURRED 21e. PI While On twork of otwork  220. I certify that (I) (this	NDITION FOR WHICH OPERATION WAS PEI  21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 15  ACE OF INJURY (AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	OT RELATED TO THE TERMINAL DISEASE OF A CONTROL OF THE TERMINAL DISEASE OF THE	RCONDITION GIVEN IN PART 1(o)  20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?  Iter noture of injury in Port 1 or Port 2, In No.  City or Town	tem 18.)  County Stote
230.	sow the deceosed oliv couses stated obove, 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) MATTHE	W KAUFMAN, M.D.  TE 23c. NAME OF Union	9, ond that in (my) (our) obody ofter death.  DEGREE ATTENDING PHYS.  22e. ADDRESS 912 SETO  CEMETERY OR CREMATORY  Cemetery	MED. STAFF DIRECTOR PHYS. D 2240  N DRIVE CUMB., MD  23d. LOCATION (City or Town)  Meyersdale	ATE SIGNED - 69
24. F	UNERAL DIRECTOR Price Verle Ray Leck	Funeral Home emby Meyersd	325 MainSt 250. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE CON YMAGE

Section 1				04734
9:11	77 27 27	Nave	•r:	JEDAN
	i i	00(1-7-6	= 71 H(U	3.17674
	LL.G. Y	1	AEU	. TH , H ? . Y
NOUTAULA	1 SPEHER	HISTITCL		CL(1)3 E1L 1/10
YA	122 3.0914	1 3 3 1 W 3 4 1	Y . 1	*****
LIEBERKNICH		FIDDAH	ARAC .	.J
1		TTS. H.S. CHART	T-0C-7.1	on .
		3 3 2 NASS		
	ACS GOD	ANSOTED	and area are	
SECTION			7. pt C + 2. Syn	
0. 24502	DRIVE CUMB., 1	MOTHE SIE	UFMAN, M.D.	X EHT.
				Visa will delitable
	east a religion of	Water State of the		

VR A15ME (5) 10M REV. 1/68

Burial

24. FUNERAL DIRECTOR

Mt Zion Cemeterv 21502

Chanevsville Bedford Penna 2So. REC'D BY REGISTRAR MRR Silcox-Merritt Funeral Service. Cumberland, Md

2Sb. REGISTRAR'S SIGNATURE

			EDMA/TO		
Preservation of the				alalah	
Contract rain			\$ 200	Lylab si	
			10.50		
100		Mar-Ind	Spot of the	nek	bound of
		rietzti II.	E market		
	L modil	1,357	*1011/275591	1,195.0	
The sales of the sales	Triggest .	, akvia (ti	18-01-18		
	notables.	YEAR TO SEE			
	oneige eres				
total material is					
Sentral Contractor				Latti VIII thambs	
tonni brazile i diskuma		MINDENSON SOURCE	10 A #.1	e letter	
Sand about 199	OF A L HRMIN	histra	rate. Cur	eryler court is	Luza Lecondro

1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  14736  CERTIFICATE OF DEATH	
deoth. herol ond 2 death.	1. DECEASED-NAME (Type or print) First Middle BLACKER   2a. DATE OF DEATH APRIL Month 15 Doy 1969   2b. HOUR	45
s after	3. SEX  4. RACE WHITE  5. DATE OF BIRTH 4-15-69  6. AGE (In years   Funder 1 year   Funder 24 Hr Months Days Hours 4 Hr YRS.	
executed within 24 haurs after deoth ad completely filled it by the luherol emove carbon paper. Sages, ond 3 any event, within 72 hours offer death	70. BIRTHPLACE (State or foreign country)  MD USA  NEVER MARRIED NEVER MARRIED 9. COUNTY OF DEATH ALLEGANY	Md.
ely fille bon pap within	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  Guring most of working life, even if retired.)  12b. KIND OF BUSINESS OR  INDUSTRY none	
omplete ove corl	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MD. 13b. COUNTALLEGANY CUMBERLAND YES X NO I 10 HARRISON ST.	
d in any	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost HERSH	Person
n pleose vol, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSP.  Address CUMBERLAND, MD.	_
O FUNERAL DIRECTOR: After this certificate hos been signed by the aftending physicion god completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7	1B. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF PRIVATE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BET	_
this certificate hos been signed letached for use as the buriol- s Dept. of Heolth prior to burial,	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  216. HOW INJURY OF URINER OF INJURY 197. HOW INJURY 197. H	
should be filed with the State Dept. of Heol	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. No. (ity or Town County State	
	22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) look saw the deceased attree and have and fram the causes stated above, (I) (we) did) (at not) view the body after death.  22b. SIGNATURE  ATTENDING MEDSTAFF PHYS STAFF PHYS STAFF PHYS 22c. DATE SIGNED PHYS 22c. DATE SIGNED PHYS 22c. DATE SIGNED PHYS 22c. DATE SIGNED PHYS	ist ne
should b	DELAND B. RANSOM, M.D. 401 DECATUR ST., CUMBERLAND, MO.  23a. BURIAL, CREMATION, BUNIAL, CREMATION, BUNIAL (Specify) Apr. 18,1969  Davis Memorial Cem.  23b. DATE  Davis Memorial Cem.  Cumberland, Allegany, Md.	=
5080	24 FUNERAL DIRECTOR Scarpelli, Cumberlands, Md.  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 2 1 1969 Funeral Supplementary Su	-

				a
:11		MACCER.	a. Iv I	ana di di
á I	e e	tre to the total		3 JAN 5 1
	WAST TO		**************************************	4
anon	onon	167 (820)	CANALAN E	0.04.1780.40
TE INELIN	A. 01 =	SUMMERCIAL DE		.014
11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	Yduu	n:	3N04.18	V FIAR
COURSERLAND, NO.	n= ,4201		no.ne	OK =
	45.37	SQ WA FALL	Table 1	
Marie W.			110 - 1130	
	economica site	0 10%0,0,	D B. Sauson, L	IALIBLE LELAI
.b.1, Tangeria, b	Cumberla			
The second second	1 6 H9A	· kik		Logical . Salar

						(2 , "
in escrati	js. j	DE LEHANT				
		·		arimi.		3.144
	TWADELNA			ASU		
	fairkau	46.7	inson in	1900	S CHA	רעו פנויו.
Seria BEEL nie	M KI. B. Cur	D QUALIBATI	Mer Top	ea.IUA'h		
144 114 C	AUSTUAL		101111		OSALLIN	
· · · · · · · · · · · · · · · · · · ·			8,000-1	red ,		36%
	Leader to	A CANADA				

ACTAR STREET OF STREET AS A ST 12. 9 12 - 1 - 1. EFFORE S de building ingels libertune bar Same of dentities and the second of the seco Principal Colored to the Colored Colored to Care and Colored C THE COUNTY OF THE PERSON OF TH 

1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	33
lease remove corbon popers. Pages 1 and 2 and in ony event, within 72 noury after death.	ECEASED-NAME First Middle Last 2a. DATE OF DEATH Typè ar print) ( JOHN ) W. H. BUCHANAN 4 Month 8 Day 69 Year	2b. HOURP
		IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (State or foreign Tb. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ALLEGANY	Md
	CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  SACRED HEART HOSPITAL  12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  INDUSTRUCTION  LUMB	ANAR
2	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare issian) STATE  W. VA. 13b. COUNTY MINERAL  KEYSER  13c. CITY OR TOWN  YES NO X  Carskadon Lane	Tall (
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FirsT Middle  HOWARD BUCHANAN (RHODES) ELIZABETH BUCH	Last IANAN
	WAS DECEASED EVER IN U.S. ARMED FORCES? (fes, no, or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  171-07-2202  171-07-2202  171-07-2202  172-07-2202  173. INFORMANT  HOSPITAL RECORDS  Address 90 SETON  CUMBERLAND	
1 St. H. 15.759	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CEREBRO-VASCULAR ACCIDENT (THROMBOSIS)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CER. CAUSES OF DEATH?	TIFYING
	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  HOUR A.M. Month Doy Year   P.M.   19	
	21d. INJURY OCCURRED While Not while of wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. Na. City or Town County	State
	22a. I certify that (I) (this haspital) attended the deceased from 4 - 14 - , 19 59, ta 4 - 8 , 19 69, that (I sow the deceased alive an 4 - 8   1869, and that in (my) (our) opinion deoth occurred on the date and hour on causes stated obave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22b. SIGNATURE  22c. DEGREE  ATTENDING MED. DIRECTOR STAFF HYS. UNDEGREE PHYS. DIRECTOR DIRECTOR HYS. UNDEGREE PHYS. STAFF HYS. UNDEGREE PHYS. STAFF HYS. UNDEGREE PHYS. UNDEGREE PHYS. CUMBERLAND, MD.  22d. PHYSICIAN'S NAME (Type) R. W. BALLIN, MD.  22e. ADDRESS 62 GREENE ST., CUMBERLAND, MD.	
		(State)
	FUNERAL DIRECTOR  ADDRESS 404 DECATUR  250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE  SILCOX-MERRITT FUNERAL SERV. CUMBERLAND, MARK 1 4 1969	Lanu .

				ectin
[1:1] ()		BUC.1017.		JCHJU
	67	2-2-02	STINI	ELAN
	VIL-0-11V		130	CHOTAUW
10 CH^ /)	THECTSE	102114501	S/C/FT HEAKT I	CUPSERLARD
		KEYSER	1335, TH	. \\ . '
I A AHOU.	ELIZABETH	(SECOH.)	BUCHAINA	C33/011
900 SETON OF.	3 (.1)	HOSPITEL REC	S (1945)	0.11
2 10 1	(2.30-0)	y Historia in this		
.0)0,7,141	ENE ST., CUMBE	62 CAE		1. V. 3.LL
30 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		: 0:00 TUI 13:1 LA 13.	LELAL SERV. CU	SILC / + (E will FU

MAKYLAND STATE DEPARTMENT OF HEALTH 04734 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04740 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH (Type ar print) Manth 29Day WALTER W. BURKETT carbón papers. Poges 1 ent, within 72 hours after 4 RACE within 24 hours after 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF LINDER 1 YEAR last bythday) MALE WHITE 7-15-1909 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA ALLEGANY WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Celanese employ giver perhodors ) AL INDUSTRY HOSPITAL CUMBERI AND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY HYNDMAN YES CXI MILL ST. NO be execut Ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle GARDNER ond in BERTHA SIMON BURKETT OR ATTENDING PHYSICIAN: The low requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war ar dates of service) Yes, na. or unknown) 208-03-2187 MEMORIAL HOSPITAL, CUMBERLAND, MD. burial-tronsit permit. Then pl burial, cremation, ar removal, 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: TWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise ta immediate cause (a), DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da/AUTOPSY3 CAUSES OF DEATH? NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) director, page 3 should be detoched thould be filed with the Stote Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an 29 after 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the O FUNERAL DIRECTOR: causes stated abave (1) (we) (did pot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. MILTENBERGER CUMBERLAND. MD. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Madley Cemeter uffalo Mills. Pa. 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 45M - 1/69 5 1969 DATMAY Tyndman, Pa.

		ACCENTE MAIS PARTITION		102720
	res of all S	1133300		
		0.41-1	1,1	A PART I
	YMAGENTAL			ale Sociation
		JAT1980)	LIAL RUMBIN	( ) A ( ) ( ) ( ) ( ) ( )
		TANE LANGUAGE		
• (	13.000, c A(15.20			
	و القا	81 (1) (2) 1 (2) (3)		
		YNOTE L		

				10
1309 3:55			6	111
			35 (1.11)	ALE SHAM
	AULEGANY	$\lambda = \lambda$	ASV	CHALYSIA
elidomodu.	oleadoek Beri	194 17.1920-1	JAP WEST AL	และเลยเอเอ
19 PG.	TO.M TO.	X 40 AJESHUUS	TEAD LLIA II	.00
an 1500	Add	A I I I I I I I I	9.100	105.61
	eisau Hank		e de la companya de l	×
			bione value Civotos Con	
	9, 15			
			0/4	
132811				

1 047	42 DI			BALTIMORE, MARYLAND 21201	04736
7 .: 1. DECEASED-NAM	E First	Middle	CERTIFICATE OF DEAT	2a. DATE OF DEATH	Tal Have
The or brint (Type or print) 3. SEX			COOPER	APRIL Manth 20	25. HOUR 1969 9:00 PM
3. SEX		RACE Ernest	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
# WALE		White	5-15-0	6. AGE (In years last better)	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (country)	State or fareign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md
10. CITY OR TOW CUMBER	LAND	giviewors AL	HOSPITAL duri	USUAL OCCUPATION (Kind of work done WAN AGER)	12b. KIND OF BUSINESS OR INDUSTRY THEATRE
130. USUAL RESIGNATION STA	W. VA.	ived, if institution: Residence before 13b Greenbrier	LEWISBURG YES		H COURT ST
	ORDON	Middle Lost COO		ME First Middle E.	MEADows
Yes, no. or uni	SED EVER IN U.S. ARMED I (If yes give wor or d			OSPITAL, CUMBER	LAND, MD.
, A PART	. DEATH WAS CAUSED BY:		(1) LI DILL ST	7 : 0 SR	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
Canditians, rise to imm stating the last.	IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE O	F	1. Abi	
E rise to imn	rediote cause (o), underlying cause	DUE TO, OR AS A CONSEQUENCE OF	- nopkrow	a left per	way will
last.	)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	openition given in part 1(a)	effically
	netast	gree to ly	mph loder &	ung (left) &	braine
19a. DATE OF		DITION FOR WHICH OPERATION #AS I	YES N	CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
₹ DOR CONTRIB	NT WAS UNDERLYING OUTING CAUSE OF DEATH Outify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Yea P.M.	19	(Enter nature of injury in Part 1 or Port 2	, Item 18.)
₹ 21d. INJUR		E OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	). Na. City or Tawn	County State
22a. I ce saw	rtify that (I) (this he the deceased alive	aspital) attended the decea an (we) (did) (did not) view the	19 Land that in (www) faur)	19 69 ta 20, 11 apinian death accurred an the d	9 6 9, that (I) (we) last late and haur and fram the
22b. SIGNAT		Card (ala) (ala not) view the	a ATTENDING	MED. STAFF	. DATE SIGNED
22d. PHYSIC NAME		WILLIAMS	22e. ADDRESS CUMBER	RLAND, MD.	4-21-69
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE	23c. NAME O	F CEMETERY OR CREMATORY  Ltop Cemetery	23d. LOCATION (City or Town) Hinton Summ	(Caunty) (State)
24. FUNERAL DIR		Cumberland, M		C'D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE .

					\$ -a 5
100: 4 (04.1 ,05	11384	354000	18 35		
				313040	MALE
	GA 5.11.		S. A.		
TABLE STATE		JATE:	en Jalae	NJU I	DIALBERTO
ta thoo infini	100	Name Alecti	ien Le	ARCH L. T.	Α
B. BEADOM			485060	33.1	110 8/10
		. Manual Calledon.		ALJJIM.7.	A . RE CALL
Summers W. Va.	102.04				outeal and H. Unwellenger

1	04743		S, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	04737
deoth.		RGARET L.	COWAN	20. DATE OF DEATH  Month 4 Do	18 Yeor69 3 107 A.M.M
24 hours after deoth sd in by the funeral pers. Pages, and 272 hour Vier peath	3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH 1-6-1924	6. AGE (In years last birthday) YRS.	IE UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
n 24 hou illed in by papers.	7a. BIRTHPLACE (State ar foreign country) W. VA.	U. S. A.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md.
ate be executed within 24 cide ond completely filled in eose Temove carbon paper and in any event, within 72	10. CITY OR TOWN OF DEATH  CUMBERLANG	give street address MEN	ORIAL HOSPITALING		12b. KIND OF BUSINESS OR INDUSTRY Ballistics
e executed withing one completely from the carbon n any event, with	admission) STATE MARYL		CUMBERLAND YES X	NO 106 WILLS	CREEK AVE.,
ate be exicion and lease rem		_IAM M. HUL		A C.	SHUMAN
physician en pleose ovol, ond	no	res give war or dates of service)	MEMORIAL HO	OSPITAL - CUMBERI	
ATENDING PHYSICIAN: The low requires that the death certificate be executed within stained by the hospital or attending physician.  CTOR: After this certificate has been signed by the attending physician and completely fille should be detached for use as the buriol-transit permit. Then please remove carbon point the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within	Conditions, if ony, which rise to immediate couse stating the underlying clast.  PART 2. OTHER SIGNIFICAL	e (o), (b)	s aringma	af to alama (CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE AND DEATH  APPROXIMATE WATERVAL  APPROXIMATE WATERVA
DING PHYSICIAN: The low reby the hospitol or attending ther this certificate has been be detached for use as the State Dept. of Health prior to	190. DATE OF OPERATION  190. DATE OF OPERATION  21a. ACCIDENT WAS UND  OR CONTRIBUTING CAUSE (If either, natify medical of the control of the	OF DEATH HOUR A.M. Month Day Yes	YES NO SE NO	er nature of injury in Part 1 or Port 2,	5
OR be red weed w	saw the decens	(this haspital) attended the deceaded alive on abave, (1) (we) (did) (did not) view the	sed fram 2 19 (aur) ape bady after death.  ATTENDING PHYS.  22e. ADDRESS	oinian death accurred an the d	DATE SIGNED
TO HOSPITAL Page 4 may TO FUNERAL ( director, pag should be fill	23a. BURIAL, CREMATION, REMOVAL (Specify)  24. FUNERAL DIRECTOR	23b. DATE 23c. NAME O	f CEMETERY OR CREMATORY  t Memorial Park	23d. LOCATION (City or Town) Cumberland, All	(County) (State) egany, Md.
VR A13 4 45M - 1788	James . Sc	arpelli, Cumberlan	d, Md.	BY REGISTRANGE 25b. REGISTRANGE	Cas Judge

919 gar en en Ar			OF THE STATE			, r
0		1 MANJOO			ARGARET	
		1-6-1920		111		1000
	YMAUSULIA		(Hereal -	, A , E		AY .
agive/ILE	aro 10	JATI SE	A I POWAL		4.811	LOS SAUD
BVA 19319 EJUL	V 001	y K Comp	Black of the	125 LIN		
E. SHUMAN		AUNCA	130	1	EALAN	W
DEFLAND, NO.	P. (401) = 54	OU LATRON				01
	AND THE PARTY OF	12.6 5. 0		SUST LINE	W STORY	

	HE STATE OF	7 pm 4 2 1
1104		
	STATE STATES IN . D	
	And the second of the second o	

			\$ o .
20 65 6:00	a war		SVAL.
	E.O	27. HW	STATE STAN
ALLEGANY	A	A.2.11	T CHAIN NAME
The state of the state of	ATTEM JATTER	Lingtanirākā.	G14A193B0LD
10, 8, 10, 10, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	The X of Daletsea	Y YUNDILIA	9 (A) 1 489 5 1
Tribon-	VAIA	,	ARIOU.
		, a	
AND VALLEY	No. 1		
.ev .ev		A. HIMMLER	
ine john sie. Militari 1888			

75	< 1		04746	DIVISIO	N OF VITAL RECORD	S, 301 W. P		LTIMORE, MA	RYLAND 2120	01 0	473	0
						CEKTIFIC	CATE OF DEATH					
	deoth.		ECEASED-NAME Type ar print)	First LESLIE	Middle HOLMES		DEMPSAY	20. DATE OF		Day 198	9	2b. HOUR
	1/3/2	3. 5	EX	4. RACE			S. DATE OF BIRTH		A AGE (In years	S IF UNDER 1		UNDER 24 HRS.
	y the Poges Poges urs after		MALE		WHITE		11-1-12		6. AGE (In years last birthday)	YRS. MONTHS		OURS MIN
0	24 haurs ed in by ppers. Po		BIPTHPLACE (State or fareig	n 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE	9. COUNTY OF	EGANY			14.1
	e. executed within 24 h. mrd completely filled in remove carbon papers. or any event, within 72 h.		CUMBERLAN	n	11. NAME OF HOSPITAL OR		nat in haspital 12a. US	SUAL OCCUPATION	(Kind of work of		ND OF BU	Md. SINESS OR
	ecuted with	13a.	USUAL RESIDENCE (Where issian) STATE		institution: Residence befor	e 13c, CITY OF	R TOWN 13d. INSIDE CIT	Y LIMITS? 13e. ST	REET AND NUMBE	R		
	con cove		MD.		ALLEGAN		FLICHIAN		OUTE #		ing (	Green
	ate be ex	14.	FATHER'S NAME First	EXANDER	w. DEM	PSAY	S. MOTHER'S MAIDEN NAME		MARGARE'	T	SEA	RS.RET
	tificate by thy sidian n please val, and I		. WAS DECEASED EVER IN U. (es, no, ar unknown) (If y	S. ARMED FORCES' es give war or dates of se			INFORMANT MEMORIAL H	HOSP.,	CUMBER	LAND,	MD.	
	ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs affected in the hospital or attending physician.  COR: After this certificate has been signed by the attending physician and completely filled in by the translation of a detached for use as the burial-transit permit. Then please remove carbon papers. Pages in the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after the translation.		PART I. DEATH WAS	CAUSED BY: IMEDIATE CAUSE (d	e per line far (a), (b) and (a)  O, OR AS A CONSEQUENCE (	ren	romat	toses	_	BE	PPROXIMATE WEEN ONSET	AND DEATH
	hat the n. yy the ansit p		Canditions, if any, which rise to immediate cause stating the underlying c	gave ) (a),	b) CON AS A CONSEQUENCE O	ren	roma	JK.	Lun	9 6	71	con
	the law requires that to attending physicion. has been signed by these as the burial-transit h priar to burial, crema		last.	)	(c) Second MTRIBUTING TO DEATH BUT	dary	O THE TERMINAL DISEASE O	ALMI	N IN DADT 1/a)	6	u	25
	ding posen si	NOI	19g. DATE OF OPERATION							NOS CONCIDENCE		
	AN: The law roll or attending icote hos been for use as the Health priar to	CERTIFICATION			FOR WHICH OPERATION WAS		20a. AUTOPSY? YES NO [	CAUSE	YES, WERE FINDI S OF DEATH?		IN CERT	FYING
	by the hospital or attending by the hospital or attending fler this certificate hos been be detached for use as the State Dept. of Health priar to	MEDICAL CE	21a. ACCIDENT WAS UNDI	OF DEATH HOU	TIME OF INJURY R A.M. Manth Day Ye P.M.	21c. H or 19	OW INJURY OCCURRED (En	iter nature af inju	ry in Part 1 or Pa	ort 2, Item 18.)		
	s PHYSICIAI the hospital this certifice detached fo e Dept. of H	ME	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF II			OCATION Street or R.F.D. I		ar Tawn	County		State
	TO HOSPITAL OR ATTENDING Page 4 moy be retoined by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stote		22o. I certify that (1	) (this hospita ed alive on_ bove, (I) (we)	(did) (did nat) view th	ised from 2 1962, an e bady after	that in (my) (aur) a deoth.	69, tell	accurred an th	, 19 <u>69</u> , ne date and l	thot (I nour an	(we) last d from the
•	O HOSPITAL OR ATTENC Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	w/E	Lure	DEGI	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	22c, DAJE SIGN	ED 6	5
	Page 4 may O FUNERAL I		22d. PHYSICIAN'S NAME (Type)	R. CLA	DURRETT		22e. ADDRESS  CUMBER	RLAND,	MD.			
	Page of Funding Should		BURIAL, CREMATION,	23b. DATE 4/17/69	Gracel		ik Cemetery	23d. LOCATIO	ON (City or Town)	Woodbur	y, I	(State) owa
	VR A15 (4) 45M - 1/69	24. f	funeral director Geo	rge 202	Greene St. C	ss Lumberla	und, Md. 250. REC'D	BY REGISTRAR 1 5 196		RAR'S SIGNATUR	de	

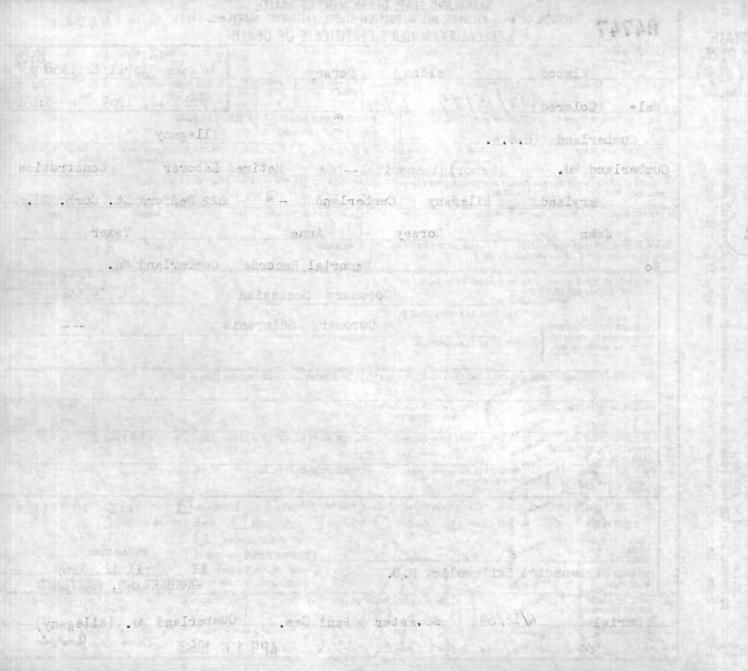
CLICKIT OF

	to a second second	ter of Street	HERE AND THE RES	PORTER OF	nazac
S & C & C & C & C & C & C & C & C & C &		7.329.20	23/11011	31,323,	
		21-1-11	3.11		· · · ·
	MACHILIA	X		NUSA	A. B. A.O. Carr
Stanta	e dri o ign	05 1	CEROLIAL HOSE.		MAJATELANO
Const misses	arioa x	- WALES	TUT Y METLIA		• C-1
SEARS :	TUM COM	117.25	U. F DELTSAY	OSECULAR S	10.
,00 ,00A,	1939 A CERT	H JAIRNEU	80/0-50-1/4		,58

Earlan Hards Engeleans Park Completes Sions Cilin, Northwest, Tolk 1. Lame Florar 202 Engels 16. Lamb Florar 18. Lamb Florar 19. Lamb Florar 1

DR. CLAY BURRELT CULBEREARD, 10.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04741 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME Middle First 2g. DATE KNOWN TX Manth Year (Type or Print) OF EST1 10 Page 12.1969 DEATH MATED April p Elwood Weldon Dorsev delay and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR pup PM3. April 12.00y1969 81:05pm Male Colored YRS Depart 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH form WIDOWED | Allegany Give Pages Cumberland U.S.A with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter death alang with give street address)
Memorial Hospital--DOA during most of working life, even if retired.)
Retired Laborer Constrution Cumberland Md. death. 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Allegany admission) STATE YES 🙀 NO 🗌 Cumberland 622 Bedford St. Cumb-Fand 2 24 hours Ф offer 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Last Middle Ha Taxer John Dorsey Anna haurs F pencil pag 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within the Chief Medical Examin (Yes. no. or unknown) (If yes give war or dates of service) Memorial Records Cumberland Md. File APPROXIMATE INTERVAL .= within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Occlusion Coronary Sudden IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Coronary Sclerosis Conditions, if any, which gave rise ta immediate cause (a), any certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= farwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION used removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES T NO X This pe should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK please execute burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection T Inquiry Y ond in my opinion director. Suicide deoth resulted from: Noturol couses X Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER the funeral April 12, 1969 DEPUTY MEDICAL EXAMINER XX Benedict Skitarelic, M.D. **EXAMINER'S** Health ADDRESS(Street, city, town, or COMBERLAND, MARYLAND NAME (Type) 50 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) SS Peter & Paul Cumberland Buriel 24. EUNERAL DIRECTO 2Sg. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68



3304112 Horotay -June 17,1922 45 Ponyle : Milte , 1, 2, 1 Ounderland Haller . Here we would however to ellegary Cumberland x 555 Lorn Ave. 1000 11. 01. 000 Bella L. Prown Special H .m. Joseph .. Lillott, Cambelland .. STATE OF THE PARTY OF THE English May 3,1060 Proprious: Newtral Con Proctory, ,111 cary, vd.

damen F. Lour-ellt, Comberland, ho.

. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	04749  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  OFFICE OF DEATH	
	CENTIFICATE OF DEATH	
1	DECEASED-NAME (Type or print)  SOODROW  Middle  Lost  20. DATE OF DEATH  AMOUNT Day  APRIL 27, 1969 1	HOUR
ł	SEX   4. RACE   S. DATE OF BIRTH   6. AGE (In years   1 under 1 year   1 under 1 under 1 year   1 under 1 un	24 UDS
1	MALE WHITE 8-31-1918	MIN.
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
I	"PENNA USA WIDOWED DIVORCED ALLEGANY	Md.
4	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired).  12b. KIND OF BUSINESS INDUSTRY  BOLLETMAKET B & OR. R.	OR
	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before rission)  STATE MD. 134 CUNEGANY  CUMBERLAND YES NO   136. STREET AND NUMBER 1100 BED FORD ST.,	
	FATHER'S NAME First Middle Lost ELLIOTT IS. MOTHER'S MAIDEN NAME First MAUDE M. ZEMBOWER	
ŀ	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
1	Yes no, or unknown) WW II 174-16-8676 MEMORIAL HOSPITAL, CUMBERLAND, MD.	
ľ	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROXIMATE INTERV BETWEEN ONSET AND OIL	AL EATH
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcinoma of tsochagus with Metastases General ye	an-
1	DUE TO, OR AS A CONSEQUENCE OF	
1	nse to immediate couse (a), (b)	
	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
4		
ı	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY  1216. HOW INITIRY OF CHIPPED. (Enter nature of initiry in Root 2 or Root 3 from 18 hours).	
I	YES NO CAUSES OF DEATH? YES  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 221c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 (tem 18.)	
1		
ı	While Not while \\ \text{OEEECE BUILDING, ETC.}	tote
	22a. I certify that (I) (this hospital) attended the deceased from 1967 19 to Child 27 1969 that (I) (w	a) last
ı	saw the deceased glive an and the date and hour and train (my) (aur) opinion death occurred an the date and hour and train	m the
l	causes stoted obave, (i) (we) (bid) (did nat) view the body ofter deoth.	
l	226. SIGNATURE Calvin y. Hadidiai DEGREE ATTENDING MED. STAFF 122c. DATE SIGNED 4/38/69	
	22d. PHYSICIAN'S 22e. ADDRESS	
	NAME (Type) DR. CALVIN HADIDIAN 293 GREENE ST., CUMBERLAND, MD.	•
	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
1	FUNERAL DIRECTOR  Lumberland Allegany Maryla:  ADDRESS 21502   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	na -
1	Silcox- Merritt Funeral Service. Cumberland, MMAY 2 1969	
L	The state of the s	

				ir qui.
1017 Agric 27, 136,611	1./8.		Монцо	ũ
: 11 1, 25 1		- B71FM		5.1A)
ANTIONAL			VS (	Albiga
A Committee of the Comm	AT HISON	LIALROYEN		- OLALISTUUVO
AMD Misses 1100 BEREITO ST.,	Teachin.	YMA	3044	* O
stawow 35 C. II Bound	710	1		AHIT.
ENTAL HOSPITAL, CURE ELLAND, 40.	Fig. Mar.	Land San John		
		Control		
בפון בתהבות בז., כשלהברותום, וב.		MALGLOAD	111111111	. RQ
ent cast throught allocate that the	Lagrand	forms.	69/06/3	Derug
The second of th		. Service.	Conception de	Herry -xpoliffs

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04744 HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWNESS 2b. HOU (Type or Print) 18,13,69 Florence Emerick DEATH MATED 6a M 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Doy 1969 Year 6.21.1919 White Female the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country land Allegany USA WIDOWED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Cumberland. Md Decatur Street This certificate shauld be executed within 24 haurs after 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? I and 2 with 13e. STREET AND NUMBER 13b. COUNTY A 7 7 egsny in Item 18. 214 Decatur St. Cumberlar after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME Off Henry E. Lowery Emma Devore Lowery haurs the Chief Medical Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** (Yes, ne, or unknown) 219-46-2301 Mrs. Paulette McCoy, Hyndman, PaRD# File within 72 .⊆ permit. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Occlusion Fours Coronary IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Thrombosis 1.1 Conditions, if ony, which gove Coronary rise to immediate couse (o). in any necessary, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Sclerosis Coronary shauld be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Diabetes Mellitus 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X Inquiry X and in my opinion death resulted fram: Natural causes [X]. Accident []. Suicide []. Hamicide [] Undetermined monner CHIEF MEDICAL EXAMINER SIGNATURE April 18, 1969 DEPUTY MEDICAL EXAMINER 5 may be TO FUNERA EXAMINER'S ADDRESS(Street, city, town, or Goldly) Derland, Maryland Benedict Skitarelic, M.D. NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town Val(County) 21 50002 REMOVAL (Specify) Rest Lawn Memorial Gardens Cumberland, Md. 969 24. FUNERAL DIRECTOR Zeigler, Hyndman, Pa. VR A15ME [5] 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

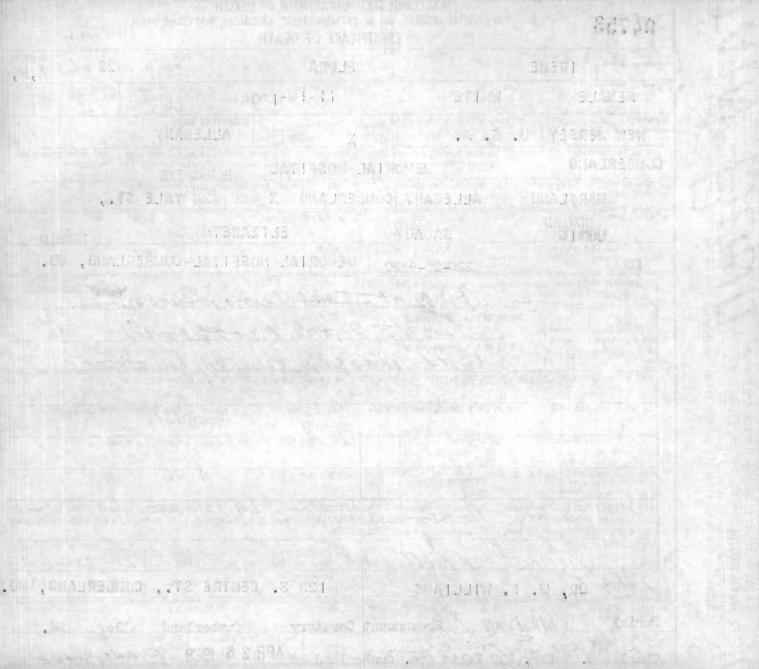
1	Item5 FilmGli2 MARYLAND STATE DEPARTMENT OF HEALTH  5/15/69 kk OVID AND LOCAL EXCENS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	15/15/69 kk 01/15/69 kk 01/15/	4745
HEALTH DEPT.	1 December water	V 01 HOUR
10.00	(Type or Print)	Yeor 725 HOUR
3 to		6 169 P M
delay and 3 M3 Po	Dev Jest birthday) Months Days Hours Min. Months Doy	Yeor (0 7:15
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	103   BW
form form	COUNTRY) CUMBERLAND U.S.A. WIDOWED DIVORCED ALLEGANY	MA
oges h fo h fate	I IV. CITI OK TOWN OF DEATH	KIND OF BUSINESS OR
hour after death any tem 18 Give Poges 1, 2, Office along with farm P land 2 with the State Deparater death.	CUMBERLAND MD. FOZ N. MECHANIC STREET. during most of working life, even if retired.) INDU	STRY
after aller	120 HISTIAL DECIDENCE (Where decoded lived if institution Decidence Law 120 INSIDE CITY LIMITS) 120 CTDEET AND MUMBER	
2 with death.	odmission) STATE NYLAND 13b. COUNTY LLEGANY CUMBERLAND YES NO 100. N. MECHANIC S	T
24 hours in Item(1 r's Office es 1 and 2	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
24 hour in Item r's Office es Tand rrs after	PETER FAGAN MARY	MEEKINS
hin 24 ncil in niner's pages haurs	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
d within in pencil Examiner Examiner File page	NO BERNARD FAGAN MARTINSBURG W. VA	
lauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 haurs	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  CORONA DV OCCITISTON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in the Medical E ansit permit. Feetent within	PART I. DEATH WAS CAUSED BY:  4 10 9 IMMEDIATE CAUSE (o)  CORONARY OCCLUSION	SUDDEN
f M f M sit p	DUE TO, OR AS A CONSEQUENCE OF	
d 'p d 'p Chie rrans	rise to immediate couse (o). (b)	
shauld be e ne ward "per o the Chief I burial-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she whe was to the to the buring the short of the short o	(c)	
This certificate shauld cate, writing the ward be forwarded to the Ch be used as a burial-train removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificate, writin forward to used a remaval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writing to forwar.  be used a remayal	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21o. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	YES NO.
retrificate, certificate, could be fo les. should be u	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	3.)
INER: T e certific should b files. 3 shauld atian, ar	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. Gity or Town Co.	
S # F P P		unty Stote
DEPUTY DICAL EXAMINER: cessary, please execute the cert efuneral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should the prior to burial, crematian.	WHILE NOT WHILE AT WORK AT WORK OF AT WORK AT WORK	
ICAL E executor. Paged for CTOR: F burial,	22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry	and in my apinian
olease es director. etained DIRECTO	death resulted fram: Natural causes 🗶 , Accident 🗌 , Suicide 🗍 , Homicide 🔲 , Undetermined manner 🗍	
UTY DICA Iny, please e eral director be retained RAL DIRECT prior ta bu	CHIEF MEDICAL EXAMINER	
Y, p roll be re Prio	SIGNATURE OSCILLATE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	iD .
EPUTY ssary, funeral oy be r INERAL	EXAMINER'S DENIEDT CO SICTEMADE ITC M D DEPUTY MEDICAL EXAMINER APRIL 1	6 L969
	NAME (Type)  BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or courgumberland	
01 01 01 01 01 01 01	230. BURIAL (REMATION, PENOVAL (Specify)  231. DATE  232. NAME OF CEMETERY OR CREMATORY  233. LOCATION (City or Town) (Country CEMETERRY)  234. LOCATION (City or Town) (Country CEMETERRY)	,,
	BURTAL  4/19/69 ALLEGANY COUNTY CEMETEMRY CUMBERLAND MILEGAN  24. FUNERAL DIRECTOR  ADDRESS. 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNA	TURE
VR A15ME	Thuis Stein by Com herland MAAPR 22 1969 Willen	
10M REV. 1/68	The same the same	

				57 5 0 5 5
			(. )	
Fire of Line				
			11/1/25	
7				0.000 3440
				MAGRICIEUD
	Ligital		S ADI	Ulah salub
. Totalenie .w	and religion	ayestia - P.J	Seld - Cit	
	YEAR	PAGAS		FATES
arts on				No.
steet/a - 5 Steet	Straight Minkley	09		
Part of Resource	CONTONARY SCL			
X X			GO THE N LAND	to all the
	.0.	it , olemande, il	PERIO, DASID	
THE TRADE THE GRADE		THEOR VERRELETA	1/19/0	a de la composición della comp
			A STATE OF THE PARTY OF THE PAR	the same of the sa

// 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04746
HEALTH DEPT. ∴ ♀ ௧ ㅎ			April 24,969 8a <sub>M</sub>
y delay is 2, and 3 to PM3. Page sattment of	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR if under 24 HRS. WHITE FEB. 19, 1905 64 YRS. HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN.	ICED DEAD 2d. HOUR
farm farm	cour	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH UNITY) MARYLAND U.S.A. WIDOWED DIVORCED ALLEGAN	1110
		CITY OR TOWN OF DEATH  FROSTBURG  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital durin PATROLIAN) fe, even durin PATROLIAN fe, even during fer feet during features for the features features for the features features for the features features for the features fe	state college
7 m 0 3 0//	0	admission) STATE MARYLAND 13b. COUNTY ALLEGANY FROSTBURG YES K NO 183 W.	MECHANIC ST.
- 0	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First  ANDREW FINN MARY	Middle Lost HIGGINS
within 24 Exominer Exominer File pages 72 haurs		a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) (Yes, no, or unknown) (If yes give war ar dates of service)  214-07-5311  17. INFORMANT MRS. ANGELA FINN, FROSTBU	
This certificate shauld be executed within 2, icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Exominery I be used as a burial-transit permit. File pages or remaval, and in any event within 72 hours		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Coronary  Occlusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden
l be ex 1 'pend Chief M ransit p		Conditions, if ony, which gove is to immediate cause (a), (b) Coronary Sclerosis	
This certificate shauld be e icate, writing the ward "per be farwarded ta the Chief I I be used as a burial-transit or remaval, and in any even		stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)	
vertificate writing th rwarded t ised as a naval, and	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(	
is cert fe, wri farwa farwa remav	CERTIFICATION	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?  YES \( \text{NO} \( \text{NO} \)
=	MEDICAL CER	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	1 or Part 2, Item 18.)
CAL EXAMINER: execute the certi ar. Page 4 shaulc id far yaur files. CTOR: Page 3 shou burial, cremation,	ME	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 2 AT WORK 3 AT WORK	Caunty Slote
necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem			Inquiry 🔏 and in my apinian and manner 🗌
ITY please eral direct direct be retaine RAL DIRECT prior to the tenth prio		ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STAMMER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	22b. DATE SIGNED 1969
necessary, the funeral 5 may be ro FUNERAL Health prin		NAME (Type)  Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or configuration)	berland, Maryland
0 = = 5 O =	230 B	Burial, Cremation, Burial, Cremation, APR. 26, 1969 ST. MICHAEL'S CEMETERY FROSTBU	Tawn) (Caunty) (State)  JRG, MD.
VR A15ME (5) (3.0)		4. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
10M REV. 1/68	1	JOSEPH R. DURST, FROSTBURG, MD. 21532 DAMPR 2 9 1969	Milanda, Judgo

THE CASE OF THE PARTY OF THE WAY OF THE PARTY OF THE PART 

	MARYLAND STATE DEPARTMENT OF HEALTH
	04753 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04747
in any event, within 72 hours ofter death.	1. DECEASED-NAME (Type or print)   First   Middle   Lost   20. DATE OF DEATH   Month 4 Doy 22 Yeor 69   A No. 10   No. 1
rs affer	3. SEX FEMALE  4. RACE WHITE  5. DATE OF BURTH 10-14-1904  6. AGE (In yeors lost birthdoy) OF HOURS MIN.
	70. BIRTHPLACE (Stote or foreign Country) NEW JERSEY  75. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED  9. COUNTY OF DEATH  ALLEGANY  Md.
50	10. CITY OR TOWN OF DEATH CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) MEMORIAL HOSPITAL HOSPITAL HOSPITAL HOUSEWIFE  120. USUAL OCCUPATION (Kind of work done give street oddress) MEMORIAL HOSPITAL HOUSEWIFE
01	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES X NO \( \text{ NO } \) 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 824 YALE ST.,
	14. FATHER'S NAME EDWARD Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost LUNSLO
	16b. SOCIAL SECURITY NO.  16b. SOCIAL SECURITY NO.  220–26–9320  17. INFORMANT  MEMORIAL HOSPITAL-CUMBERLAND, MD.
	18. CAUSE OF DEATH (Enter only one couse per line top (o) /(b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
1	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. TIME OF INITIRY 1216 HOW INITIRY OCCURRED. (Enter nature of injury in Port Los Port 2, Item 18.)
	210. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF ORATH   HOUR A.M. Month Doy Yeor   16 either, notify medicol examiner)   P.M.   19
	While of work of work of work
	22a. I certify that (I) (this hospital) attended the deceased from 4-, 1964, ta 4-2-, 1964, that (I) (we) last saw the deceased alive an 1964, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did net) view the body after death.
	226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. DIRECTOR PHYS. 22c. DATE SIGNED
1	22d. PHYSICIAN'S DR. W. F. WILLIAMS  22e. ADDRESS 122 S. CENTRE ST., CUMBERLAND, MD.
	230. BURIAL, CREMATION, BRUNDAL Greetry  230. LOCATION (City or Town) (County) (Stote)  24. FUNERAL GREETRY OR CREMATORY  24. FUNERAL GREETRY  250. REC'D BY REGISTRAR 250.
128	24. FUNERAY MERCET BY REGISTRAR 256. REC'D BY REGISTRAR'S SIGNATURE  Charles E. Hafer, 230 Balto Ave. Cumberland MAIAPR 28 1969 (Cuarles Unice)



1. DECEASED- (Type or	(Amin		Middle	Last	2a. DATE OF DEATH	2b. HOUR
	GEOR		•	FOSTER		TY 1969 3:30AM
3. SEX	Ε	4. RACE WHITE		S. DATE OF BIRTH	6. AGE (In years last hirthday)	IE UNDER 1 YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a. BIRTHPLI country)	CE (State ar fareign	7b. CITIZEN OF WHAT COU	NTRY? 8. MARRII WIDOWI	D NEVER MARRIED	9. COUNTY OF DEATH ALLEGANY	Md
CUN	OWN OF DEATH	give street ad SACRE	HOSPITAL OR INSTITUTION ( Idress)  DHEART HOS	during m	AL OCCUPATION (Kind of work dan nost of working life, even if retired.	ie 12b. KIND OF BUSINESS OR
admissian)	MARYLAN	ased lived, if institution: Res	/	OR TOWN 13d. INSIDE CITY	IMITS? 13e. STREET AND NUMBER  RAWLINGS H	
14. FATHER'S		Middle	Last	IS. MOTHER'S MAIDEN NAME		Last
14 14/16 5	FRANK	ura coccas II-u co	FOSTER		RSULA	ARBUCKLE
Yes po o	CEASED EVER IN U.S. AR unknawn) (If yes give	wor or dotes of service)		7. INFORMANT HOSPITAL RECO	Address RD- 900 SETON DR	
Canditi nse ta stating last.	ons, if any, which gave mmediate cause (a), the underlying cause OTHER SIGNIFICANT CO	DUE TO, OR AS A COI  (b)  DUE TO, OR AS A COI  (c)  ONDITIONS CONTRIBUTING TO	NSEQUENCE OF		CONDITION GIVEN IN PART I(a)	2.3 yan
RTIFICA		. CONDITION FOR WHICH OPE		20a. AUTOPSY? YES NO	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
S □ ar co	CIDENT WAS UNDERLY!  NTRIBUTING CAUSE OF DEA  T, natify medical exam	HOUR A.M. Mont P.M.	h Day Year 19	HOW INJURY OCCURRED (Ente	er nature af injury in Part 1 ar Part	2, Item 18.)
While at wark	Nat while at wark		UILDING, ETC.	LOCATION Street or R.F.D. No	(a. a. / Val	Caunty State
S	ouses stated obav	his haspital) attended a alive on re, (1) (we) (did) (did no	1969,0	ing that in (my) (our) ap ir death.	inion death occurred on the	date and haur and from the
22h SIC	NATURE	la silla	DE	GREE PHYS.	MED. STAFF 22 STRECTOR PHYS. A	2c. DATE SIGNED
22d. Pl	YSICIÁN'S .ME (Type) R M	V CON		22e. ADDRESS	ST., CUMBERLAN	11

		41-917
		H 00
191	4	9 7

					C. St. St. St. St.
21 1169 2:20	AFRIC	FOSTER	٧.	381	-0
	16, 190068	YAM		ETIHU	ALE
	ANVOSTITA	Ť\		vSfI	ALAIC.N
V) ]] / I	Conductor	SHITAL	OC E) HEART HO		CMVTUEEUNO
S HEIGHTS	0.17.101	201.1747	\-, .	C le	/JY //
AL-VICKEE	TL ST <b>L</b> V		FISTER		TI.A. F
DRIVE, CUMB., M	RECORD - 900 SETUR	HCELITAL	705-10-1572		YES
Land, M. 21502	FENE ST., CLEBEL	43 G	.0.A en	. schlunt	11,8
	antimimus sins APC 1-1 ingg avi				

				77770
the same and a second				
The state of the state of the state of		MIN.		Telator.
Line Section (Line Section )			Alai	
enoit Avo				
January Anna 195 I in the Magneson				
mately ascribe years				
The service of the company of the service of the se		35		
		STRATE	SS SAS	
the second of the second of the second	HANN TA	146197		
. Des. compacte, instructive compactes for the compactes, in the compactes of the compactes	Sunnet No	6,1969	S II-tuA	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04750 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Day 2b. HOUR (Type or Print) OF ESTI-DEATH MATED April 5,1969 KELLEY FRYE MARIE 5p M Page D 4 deloy and 3 IF UNDER 1 YEAR IF UNDER 24 HRS pages 1 and 2 with the State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M3 Mapril 5 Doy 1969 Year White Jan. 2,1966 5p M Female 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH form country) Maryland U. S. Allegany WIDOWED [ DIVORCED [ 24 hours ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane olong with 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address)
Memorial INDUSTRY Cumberland Hospital -- DOA 13a. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Item 18. W. Va. Hampshire Greenspring YES NOW Rural Office ofter IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First First Middle Vickie L. Twigg Robert Frye hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within 17. INFORMANT ADDRESS pencil (Yes, no, ar unknawn) Robert L. Frye, Greenspring, W, Va. None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within be executed 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) permit. should be forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY Asphyxiation Minutes IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF a buriol-transit Drowning Canditians, if any, which gave rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. NO TX YES 🗍 3 should be 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, Fell in recently excavated water hole CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. State Hampshire Iown foctory\_office building (etc.)
Home (yard) may be retoined far yaur FUNERAL DIRECTOR: Poge Greenspring, Mineral county, West Virginia 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry X and in my apinian death resulted fram: Natural causes . Accident X. Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 5, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, tawn, or caverymberland, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) April 8,1969 Forest Glen Greenspring Hampshire APR 8 198 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO 1969 VR A15ME (5) Romney, W, Va. 10M REV. 1/68

		967.50
a tour man and the	Links	
el la gearge ence in a la l	1 01 C 2 C	
	ermedi, lahalik	
		State of the
Appley X at the Company		
Browning		
	To service the	
nici revov barrante vidneser of fict	Conc. I break of a second	The Later
[1] - [1] -	Home (years)	
	inion entringero, b.n.	
	isino kanja lin Kanja lin	

	STEER WAS ALLERS MAY REPORTED TOTAL
2:00:1:11 11:1:00:11	
	COST IN COLUMN TO A PROPERTY OF THE PARTY.
	1 19101
enter of Committee Court (Committee Court of Court	
auth to emi	
a mile might field	2:00 5 20,305
Correspond Company and Constant	
THE RESERVE OF A COLOR	sers

7 1	04758 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	
death.		
within 24 haurs after death tely filled in by the funeral ban papers. Pages and within 72 haurs after death	FEMALE 4. RACE WHITE 5. DATE OF BIRTH 4-24-88	6. AGE (In years If under 1 year I if under 24 Hrs. Months OAYS Hours Min.
24 haur d in by pers. F 72 hau	PA. USA WIDOWED X DIVORCED	
within within ban ban ban ban ban ban ban ban ban ba	CUMBERLAND SMEMORTAL HOSPITAL during most	of working life, even if retired.) INDUSTRY
camplet ave car	Id. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS	? 13e. STREET AND NUMBER
be except of an and of an any of an analysis of an analy	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  ALICE  Modile  S. GILBERT  APRIL Month 17 Doy 1 969 12:20,00  X  FEMALE  4. RACE  WHITE  4. RACE  WHITE  4. RACE  WHITE  4. RACE  WHITE  5. DATE OF BIRTH  4. P. 24 - 88  6. ADE (In years)  RODING OF 17 DOWN 19 DEATH  TO OWN OF DEATH  COUND OF DEATH  TO OWN OF DEATH  COUND OF DEATH  COUND OF DEATH  COUND OF DEATH  COUND OF DEATH  TO OWN OF DEATH  T	
rificate ohysicia in pleas val, an	Vac no as unimproved. (If yes give was as dates of sanus)	Address
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execated within 24 haurs after be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuel should be detached far use as the burial-transit permit. Then please remave carban papers. Pages ed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after	Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CON	Seaso 10 years  Dition given in part 1(0)
IAN: The law re tall or attending ficate has been far use as the far lealth priar tall fealth briar tall	YES NO.	CAUSES OF DEATH?
PHYSICIAN haspital is certifica ached far	Contribution   Cause of peath   HOUR A.M.   Month Day Year   Hour A.M.   Month Day Year   Hour Fall	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) apinia causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  DEGREE ATTENDING PHYS.  22c. ADDRESS  22c. ADDRESS	n death accurred an the date and haur and from the
TO HOSPITAL (Page 4 may b	REMOVAL (Specify) Burial 4/19/69 Hillcrest Burial Park	Bd. LOCATION (City or Town) (County) (State)  Cumberland Allegany Md
VR A15 45M - 1 X 88	William G. Kight Cumberland, Md. DATE 250. REC'D BY RE	GISTRAR 1 25b. REGISTRAR'S SIGNATURE

		nAta se areann			ite a stall
	1114	FREELIG	2	301.	
		05 d 3-1			
	YMADS JUA	The state of the s		AZI	
cioti mis J	omenite	JATES	acel JAIM	32	Okalina up
ional ing	355 May.	XIII SJAV A	i Vanit		
	E PACIALA		3.6003		
40 CA (00 M)	gackyo ., os	H MARKET	None		no.
y si					
The same		X			
					.no

			Manual Property				
26, 1959, 9:00	3.5946	E Himson	K(S)			1.33.	
	,		· .	ŧ	3/0)		\$v   -
	anopolite.						
and with		and Lane					
tood see	1172.		Lauling	na.	lust "		
125 Vals				atto.			
		A August	. 42				
	and the same	1000					
		λ· ·					
					7 1		Europe .
		A 50 PM					
ed, wie. utsuz -	nosco <del>c</del> mob et	e sassar ti			ole Bulng	1.29	
of Maryage			Sando São Sando São	TO SERVICE			
		6 7 ,	Debug A. Print	11,0000170	. / .	. 18	

	1	04760	DIVISION	OF VITAL RECORDS,		RESTON STREET. BA		RYLAND 21201		
2	I	teml3 FilmGh12				ATE OF DEAT			0475	4
deoth.		ECEASED-NAME First Type or print) JOHN	1	Middle EWING	GR	OWDEN			1969	2b. HOUR 2:45
of the fundamental and the	3. S	MALE	4. RACE	WHITE		S. DATE OF BIRTH 12-20-8	34	6. AGE (In years last birthday)	HF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
in 24 hour illed in by papers. P		BIRTHPLACE (State or foreign htry)	7b. CITIZEN OI	F WHAT COUNTRY?	8. MARRIED [ WIDOWED [	NEVER MARRIED   ** DIVORCED				
within 24 lilled in paper within 72	10.	CUMBERLAND	1	1. NAME OF HOSPITAL OR IN		at in haspital 12a. l	USUAL OCCUPATION	(Kind of work dane	12b. KIND OF E	
ecuted with completely sove carbon y y event, wi	13a. adm	USUAL RESIDENCE (Where decea	sed lived, if ins	titutian: Residence before	DEST	TOWN 13d. INSIDE OF THE PRICE AND ES	No.			
sicion and completely fi	14.	ATHER'S NAME First	Middl		15.	MOTHER'S MAIDEN NAM	NE First	Middle	HARDI	Last NGER
physicion and in on ovol, and in on	160	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY	NO. 17. IN	NFORMANT		Address		
at the death or the attending sit permit. The mation, or rem		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	D BY:  ATE CAUSE (a) _  DUE TO, (6)_  DUE TO, (6)_	OR AS A CONSEQUENCE OF	anie (	Congestion	chronj			
The law req attending plus been single of the prior to but	CERTIFICATION			WHICH OPERATION WAS PE		20o. AUTOPSY?	20b. IF	YES, WERE FINDINGS (	CONSIDERED IN CEI	RTIFYING
PHYSICIAN: 1 he hospital or this certificate letached for us 9 Dept. of Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OFA (If either, notify medical examination of the contribution of the co	TH HOUR A	.M. 1	9		APRIL Month 19 Day 1969 2:45%  FOR BIRTH  12-20-84  G. AGE (In years law lock 24 MRS. last by holy) YRS.  ALLEGANY  Month's DAYS HOURS MIN.  PIPITOL 12a. USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired.)  12a. USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired.)  13a. MISIDE CITY LIMITS?  ANDES NO X RT. # 3  RES MAIDEN NAME First Middle Lost HARD INGER  MARY E. HARD INGER  MARY E. HARD INGER  PARTICULAR STREET AND NUMBER  APPROXIMATE INTERVAL BETWEEN ONSET AND OBGATH  2 MACH 2 MAC			
RE 3		While Not while at wark of work			241	that in (my) (our) eath.	965, to opinian deoth o	22c.	69, that ofe ond hour o	IF UNDER 24 HRS. HOURS MIN.  Md. BUSINESS OR  Last I NGER  MATE INTERVAL NSET AND DEATH SET AND DEATH STATE (I) (we) lost and from the  (State)
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	23a.	NAME (Type)  BURIAL, CREMATION, PEMOVAL (Specify)  23b.		23c. NAME OF	CEMETERY OR (	CREMATORY	23d. LOCATIO	N (City ar Town)	(County)	
VR A15 43 45 45 45 45 45 45 45 45 45 45 45 45 45	24.	FUNERAL BYRON KIG		9,1969 CEN CUMBER	RLAND,	MD. 2So. REC	RY CUME D BY REGISTRAR R 2 3 196	2Sb. REGISTRAR'S		e.

	11/3/4	из ойояа	attva	HINOL .	
		12-21-31	37.146	32(6)	
	YUREBUNY		teoli annomi		
		JAIF	SOME TUT NUMBER		
		- April 1979			
12010 0935-	ALCO ELVO		nadangs	TEOWER I	
			1810-0.48		ÚZ Y

L	04761			301 W. PRESTON STR			047	55
1.	DECEASED-NAME (Type or print)	First JOHN	Middle W.	HALL S	20. [	APRIL 27	1969	2b. HOUR 6:00P M
3.	MALE		HITE	S. DATE OF BIF	RTH 16, 1910	6. AGE (In yeors last bighday) YRS.	IF UNDER I YEAR MONTHS . OAYS	IF UNDER 24 HRS. HOURS MIN.
co	BIRTHPLACE (Stote or puntry) PENNSYL	VANIA USA	OF WHAT COUNTRY?		CED AL	NTY OF DEATH LEGANY		Md.
10.	CUMBERLAN	ID	11. NAME OF HOSPITAL OR IN give street oddress) SACRED HEART	HOSPITAL	120. USUAL OCCU during most of w	PATION (Kind of work done orking life, even if retired.) CONTROL TECH.	12b. KIND OF INDUSTRY CELAN	BUSINESS OR
/ 13d	. USUAL RESIDENCE (V	Where deceosed lived of ISA CO	institution: Residence before	13c. CITY OR TOWN		13e. STREET AND NUMBER		
14.		First M	iddle Lost HALL	15. MOTHER'S MA	IDEN NAME First MARY	Middle	GO	Lost RDON
16	yes no or unknawn)	(If yes give war or dotes of se	? 16b. SOCIAL SECURITY 214-07-42		RECORDS -	Address 900 SETON DRIV	/E, CUM	B., MD.
	18. CAUSE OF DEA PART I. DEATH	TH (Enter only one coust WAS CAUSED BY: IMMEDIATE CAUSE (c	e per line for (o), (b), and (c).		Lailu	rl	APPROXIA	MATE INTERVAL NSET AND DEATH
	Conditions, if ony, rise to immediate	DUE T	O, OR AS A CONSEQUENCE OF	Dinale'	7		12	yro
	stoting the underly	ying couse DUE I	o, or as a consequence of (c) they's of or	xioon y	ean a	pr .		4
2	Da	NIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION		re	
CERTIFICATION	190. DATE OF OPERAT		OR WHICH OPERATION WAS PE	YES 🗀	NO 🗌	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?		RTIFYING
MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING [] (If either, notify me	CAUSE OF DEATH HOU	TIME OF INJURY R A.M. Month Day Year P.M. 19		JRRED (Enter noture	of injury in Port 1 or Port 2, It	em 18.)	
W	21d. INJURY OCCUR While Not while at work ot work	RED 21e, PLACE OF IN	JURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	or R.F.D. No.	City or Town	Caunty	Stote
	22o. I certify the sow the decouses sto	hot (I) (this hospito eceosed olive on_ ted obove, (I) (we)	did) (did not) view the	ed from 9, ond thot in (my body ofter deoth.	, 19 <u>5</u> , t ) (our) opinion d	eoth occurred on the dot	thot e ond hour o	(I) (we) lost and from the
	22b. SIGNATURE 22d. PHYSICIAN'S	saleke	, foring	ATTENDING PHYS.		STAFF D 22c. D	27/69	
1	NAME (Type)		BRINGS, M.D.		GREENE S	T., CUMBERLAND	, MD, 2	21502
	BURIAL, CREMATION,	23b. DATE 4/30/19		CEMETERY OR CREMATORY  Memorial Par		ocation (city or Town) r Cumber Land	(County) leg	(Stote) Md.
24.	HAFER FU	NERAL HOME	- LA VALE, MD		2So. REC'D BY REGIST	RAR 2Sb. REGISTRAR'S S	IGNATURE	

MAD VIANIS CIAIS INSUAULMENII ME UEALTU

JUHN M. HELL S. . APTIL 27 1969 5:00-TIH-1 3 104 JUNE 10, 1910 50 11 PERINSYL MITA USA Y ADE JJA CUMBERLAND SACRED HEART HOSPITAL LALITY CONTACT TECH. CEL MESE AMERICAN PLLEGRAY CRESA, TOTAL 11/11 Y 101. HETIAN 214-07-1210 H SPIT/L RECUIS-300 SET & STIVE, CMS., M. ELICABETH BRINGS, N. D. 55 GREENE ST., CUNSELLIN, NO. 21502 IN THE PARTY OF TH

HAFER FUNETAL HUNG- LA TALE, N. 21502

	CHE MANGLISH THEM			THE STATE OF THE STATE OF	17 4 2 3 3
6961/TT/7 m =		29,105		annel.	
ing a with the			(N. 0381)93		e.f.d.
234 20					qell/l
		gorial	vinc. o		
	senob mylon	MO			
.), (191	,3000, ,5	nizzień tyc	Medit-088	0.14	15 15 21
ded.us		Opelication	Letter to Di		
		mieogo (co	ves not of		
					ALEMEN SHAPE
			o ktori o ble		
	C0304 17103				
	Calc 5 THE	, ,	rknosengl.		

177	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 04757
deoth.	1. DECEASED-NAME (Type or print) First Middle Lost Carlot Control Cont
Te de la companya de	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1 if UNDER 1 YEAR 1 if UNDER 24 HRS.
rs aft the Pages Jrs af	MALE WHITE 2-13-1911   lost bighday) YRS. MONTHS DAYS HOURS MIN
24 hours after deoth. 24 hours after deoth. 25 hours after death. 27 hours after death.	70. BIRTHPLACE (Stote or foreign country)  MD.  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED SOLUTION  8. MARRIED NEVER MARRIED SOLUTION  MIDOWED DIVORCED MARRIED M
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
oletely in with	DOLINE DEGREE WAS
e executed with and campletely remove corbor any event, with any event, ev	odmission) STATE MD. 13b. COUNTY ALLEGANY CUMBERLAND YES NO X RT. 3, BEDFORD RD.,
ate be exercion and a condinany	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost TROUT
ertificate be physicion c nen please ioval, ond ii	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doles of service)  16b. SOCIAL SECURITY NO. 214-05-9172  MEMORIAL HOSPITAL, CUMBERLAND, MD.
e deoth c ottending permit. The	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OK AS A CONSEQUENCE OF
quires that the physicion. signed by the buriol-transit puriol, cremotive	Conditions, if ohy, which gove rise to immediate couse (a). stating the underlying couse lost.  (b) 1
v requiring physical signatures in the purity for the burning	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
AN: The law roll or ottending icote has been or use as the Health prior to	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. TIME OF INITIRY 2216. HOW INITIRY OF CHIPPED. February in Part 3, them 19.1
YSICIAN: The law nospitol or ottending certificate has been hed for use os the bit. of Health prior to	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  OR CONTRIBUTING—CRUSE OF DEATH HOUR A.M. Month—Day Year  Official feither, notify medical examiner)  P.M.  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
<b>5 PHYSIC</b> the hospi this certi detached e Dept. of	While Not work of work of work
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.	22a. I certify that (I) (this haspital) attended the deceased fram 4/7/65, 19, ta 4/9/9/9 19, that (I) (see) last saw the deceased alive an fram the causes stated above, (I) (see) (did/did not) view the bady after death.
OR ATT OR ATT OR ATT OR ATT OR With	22b. SIGNATURE  DEGREE PHYS.  MED.  STAFF  PHYS.  22c. DATE, SIGNED  9  21  21  22c. DATE, SIGNED  9  21  22c. DATE, SIGNED  9  22c. DATE, SIGNED
TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: Sinould be filed with the	224. PHYSICIAN'S AAME (Lype) DR. R. J. WILLIAMS 226. ADDRESS 122 S. CENTRE ST., CUMBERLAND, MD
TO HOS	230. BURIAL (REMATION, BURIAL (Specify) 5/, 1/1969   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (Stote)  Near Cumberland Alleg Md
VR (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	John J. Hafer, Jr., 230 Balto Ave. Cumberland, MAY 5 1969 (Clientle) Surgestions of the surgestion of

				2000
			TRAMPE	
	(1-21-1	371"		13.16
ALLEGARY	X		ARU	- El
0.1.1.19.300	1 . 1	2011 JAMATER		11.1335.110
co i a ci		ACC YMASSIIA		
700\$			1021	13
CEMTRE ST., COMBERLAND,		2001111		
Post Contraction 1 and	ru Linn		A VAN	Tokus

10 1	1	04764 DIV		O STATE DEPARTMENT 301 W. PRESTON STREET	T, BALTIMORE, MARYLAND 21201	
	It	em5 FilmG411 4/14		ERTIFICATE OF DE		04758
#2 = /#		ECEASED-NAME First Type or print)	Middle	Last	2a. DATE OF DEATH Manth Da	2b. HOUR
death death	3. 5	CLLA	RACE	KORNS	4 3	69 11:00AM
3	3. 3		WHITE	5. DATE OF BIRTH  5-8-95		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
haurs in by	7o.	BIRTHPLACE (Stote ar foreign 7b. (	ITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
filled i paper thin 72	_	PENNSYL VAN I A	U.S.A.  11. NAME OF HOSPITAL OR INS	WIDOWED DIVORCED	ALLEGANY  12a. USUAL OCCUPATION (Kind of work dane	Md.
ed within 24 haus		CUMBERLAND	ME'MORTAL H	OSPITAL	during most of working life even if retired.)	125. KIND OF BUSINESS OR INDUSTRY
sent cole	13o. adm	USUAL RESIDENCE (Where deceosed livision) STATE	L COUNTY		INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
and campres execution and campres execution and campres execution and execution are execution and execution are execution and execution and execution are execution and execution and ex	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN		Last
ate be exercise and and and and in any		SAMUEL	LEPL	EY	IDA	EMERICK
ertificate b physician en please aval, and i	160	WAS DECEASED EVER IN U.S. ARMED FO (es. no, ar unknown) (If yes give wor or da			HOSPITAL CUMBI	ERLAND, MD.
equires that the death certific physician. signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval,		18. CAUSE OF DEATH (Enter only one PART 1. DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	100		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce attending p permit. The	18	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CA	USE (a) _ Cerebral &	entolit M.	. popula embles	r.day,
t the att		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	bullation		Cours
hat n. yy th ansid		rise to immediate cause (o).	(b)		1 ~ 1	
equires that the physician. signed by the burial-transit burial, cremat		last.	(c) Certenosi	10	Lecons wait duras	702
requi		PART 2. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1(a)	
IAN: The law rectal are attending ficate has been sfar use as the beath priar tab	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDI	TION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?		ONSIDERED IN CERTIFYING
The raft of the plant of the pl	ERTIFI	DI- ACCIDENT WAS UNDERLYING		YES [	NO CAUSES OF DEATH?	
CIAN; oital a fificat d far af Hec	MEDICAL C	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRI	ED (Enter nature of injury in Part 1 or Port 2,	Item 18.)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 shauld be detached far use as the burial-transit permit. Then please in shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in	ME	21d. INJURY OCCURRED 21e. PLACE While Not while	OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street ar		County State
ING by the ter to be do state	1	22a I cortify that (1) (this ha	spital) attended the decease	from feel	5, 19 <u>68</u> , ta <u>3 aled</u> 19 aur) apinian death accurred an the do	69 , that (1) (we) last
END ned l		saw the deceased alive (auses stated above (1)	(we) (did) (did nat) view the b	adv after death	aur) apinian death accurred an the do	te and haur and from the
ECTO Sha with		22b. SIGNATURE			22c.	DATE SIGNED
L OR be Juge 3		22d. PHYSICIAN'S	Mensey	DEGREE ATTENDING PHYS.  22e. ADDRESS	Ser DIKECTOK - PRIS	april 1969
PITA may ERAL or, po			G. WEISMAN	CU!	MBERLAND, MD.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar ta burial, cren	23a. Bi	BURIAL, CREMATION, 23b. DATE REMOVAL Topecify) Apr	6,1969 23c. NAME OF COOKS	EMETERY OR CREMATORY Cometery	23d. LOCATION (City or Town) Wellersbyrg, S	omer set (Stote) . P
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	250	PR 9 1969 25h REGISTRAR	
45M - 1/69		Harvey H. Zeig	ler, Hynaman,	ra. 15545 DA	A 1909 4	9

		SHUOT	2	AJJS
		2-0-2	37()	W. BINER
YHAI	J.J.A	Section X		PENNSYLVANIA
				concentration .
force of	• <del>*</del>	HAD CHAY		TAMES 9
no 1 a9/20	AC t	Ye	1 7	LEUMAS
. W. (1871.1911 B) W.	JA11930H	Algora		
			WEISHAM .	0 .2 .90
	. e.			

2 1 02	17	Steml &	DIVICI	ON OF VITA			EPARTMENT OF		LAND OLOOL		
	Ī	teml4 FilmG	411 4/9/	69 kk	it KECOKDS,	CERTIFICA	STON STREET, BALT	IIMUKE, MAKT	LAND 21201	4759	
# = F		ECEASED-NAME Type or print)	First	5 8	Middle		Last	2a. DATE OF DE	ATH		2b. HOUR
er death funeral 1 and ier death			CLARA	Belle	B/•		MERT	APRIL	Month 4 Day	969 Year	1A M
s after death. the funeral ges 1 and 2	3. S	FEMALE	4. RAC	WHIT	r.	S.	MAY 2, 188	6	AGE (In years last birthday) 82 YRS.		IF UNDER 24 HRS. HOURS MIN
d in b	7a. (au	BIRTHPLACE (State ar fare ntry) MARYLAND		EN OF WHAT CO	UNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DE			Md
within 24 within 24 within 72	10.	TROSTBURG		11. NAME OF give street a	HOSPITAL OR IN	STITUTION (If not WASHING	n hospitol 120. USU  TON ST during m	AL OCCUPATION (K	ind of wark dane	12b. KIND OF BI INDUSTRY	
ompletely five confined within the confined on	13o. adm	USUAL RESIDENCE (Where issian) STATE MARY	deceased lived,		esidence befare EGANY	FROSTB			T AND NUMBER WASHINGT	ON STREE	ET T
and conference of any of the conference of the c	14.	ATHER'S NAME First		Middle	Last	15. A	OTHER'S MAIDEN NAME		Middle		Last
ate be exercion and college remo		uke WALLA	7.7.7		BERTSON		TILD.	A	MI	DDLETON	
ertificate be physician c ten please aval, and i		WAS DECEASED EVER IN es, na, or unknown)	U.S. ARMED FORCE I yes give war or dates of	S? 16b. S service) 215	OCIAL SECURITY -10-446		ORMANT PH A. LAEMM	ERT, FROS	Address STBURG, M	D. 21532	2
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove screen, within 72 hays after death, the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hays after death.			S CAUSED BY: IMMEDIATE CAUSE	(a)		RT.	Corchae	. Fail	2mg	APPROXIMA BETWEEN ONS 2	ATE INTERVAL SET AND DEATH
at the attract per matian		Canditions, if ony, which	se (o).	(D)		AHCI	1D-			3+	flows.
The law requires that the attending physician. Ans been signed by the se as the burial-transit phy prior to burial, cremation		stating the underlying last.	tuose	(c)							
w required in the physical section is the physical physical in the physical in the physical in the physical physical in the physical physi	NO		20E1				HE TERMINAL DISEASE OR (	CONDITION GIVEN IN	I PART 1(a)		
The law range of the la	CERTIFICATION	19a. DATE OF OPERATION		FOR WHICH OP	ERATION WAS PE	RFORMED	20o. AUTOPSY?  YES NO NO		S, WERE FINDINGS CO DEATH?	ONSIDERED IN CER	TIFYING
ICIAN: pital ar rrificate d far u of Heal	MEDICAL CE	21a. ACCIDENT WAS UNI OR CONTRIBUTING CAUS (If either, natify medical	SE OF DEATH HO	P.M.	th Day Year	,	INJURY OCCURRED (Ente		Part 1 or Port 2, 1	tem 18.)	
NING PHYSICIAN by the haspital ffer this certifice be defached fai	M	21d. INJURY OCCURRED While Not while at wark	7				TION Street ar R.F.D. Na	1.	,	County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. of Healt		22a. I <b>certify</b> that saw the decea causes stated	(I) (this haspit used alive an_ abave, (I) (we	al) attended e) (did) (did n	the decease at) view the	ed from // 9 / 9 and t bady after dec	, 19_ <b>(</b> nat in (my) ( <del>ow)</del> api ith.	nian death acci	urred on the da	69, that ( te and haur ar	l) ( <del>we)</del> last and fram the
DR e r e r d w		22b. SIGNATURE	olm	3.	Dow	DEGREE	ATTENDING NO D	MED. S	TAFF 22c. C	DATE SIGNED 14/69-	
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type)	JOHN B.						STBURG,	MD.	
TO HO Page TO FUN direct shau	E	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		FBG. ME	CEMETERY OR CRI	PARK		BURG, MD.	(Caunty)	(State)
VR A15 (4)	24.	JOSEPH. R.	DURST,	FROSTB	ADDRESS URG, MD	. 21532	2Sa. REC'D B		25b. REGISTRAR'S	SIGNATURE	y

CANA STRUCTURE TO SERVE THE SERVE TH A STATE OF THE STA The state of the s PRINCIPLE POR LONG TO THE PRINCIPLE OF T THE REPORT OF THE PROPERTY OF TERM E. BRAIN, HERELANDS, M. CHANG CO. APR. T. 1963 Johnson Johnson

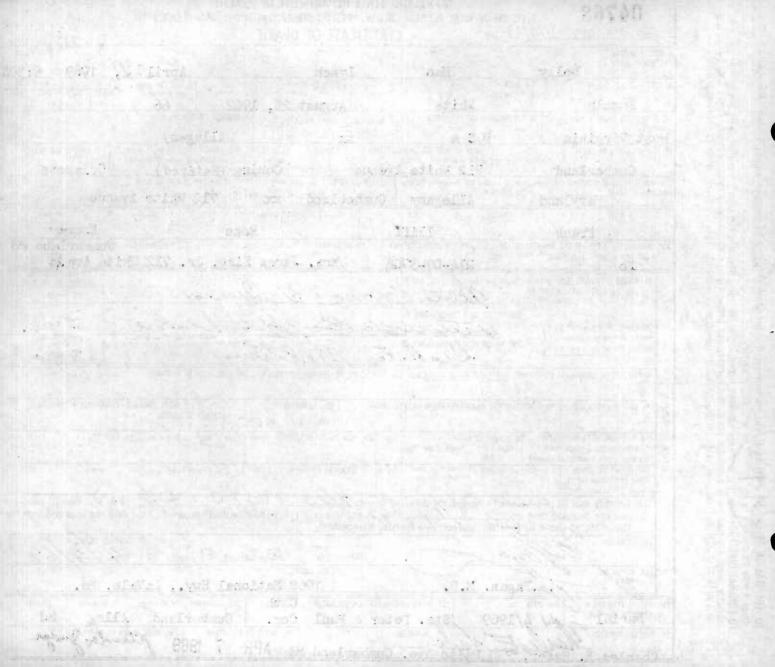
Item13 Film G.12 MARYLAND STATE DEPARTMENT OF HEALTH
1. /20/69 Jels DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04760 **04766**MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Manth Day 2b. HOUR (Type or Print) OF ESTIDEATH MATED April 17, 169 6a M Roy Edward Leasure S. DATE OF BIRTH 4. RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 6. AGE (In years 2d. HOUR 6a Appril 1904 Male White March 11,1899 196910 7b. CITIZEN OF WHAT COUNTRY? 7a. 81RTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH pages 1 and 2 with the State Dep Maryland Allegany USA WIDOWED CX DIVORCED [ Ithm 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office alang with during most of working life, even if retired.) INDUFFLower Allegany County Home Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 68 Columbia St. admission) STATE 13b. COUNTY Allegany /County/ Home Md -Allegany Cumberland YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Rose Valentine George Leasure pencilin xominer's haurs Brother 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yewno, ar unknawn) Mr. Russell Leasure, Cumberland, Md. event within 72 APPROXIMATE INTERVAL
BETWEEN ONSET AND OEATH
Sudden CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF 11 burial-transit Thrombosis Coronary Canditians, if any, which gave rise ta immediate cause (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Sclerosis Coronary ,c PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YEXEX NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factary, affice building, etc.) 21f. LOCATION Street ar R.F.D. Na. City or Town County State WHILE NOT WHILE AT WORK please execute 22a. I certify that I taak charge of the remains described above, held an Autopsy 17, Inspection 1 Inquiry X, and in my apinian Natural causes K death resulted fram: Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL SIGNATURE 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER April 17, 1969 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or cCumberland, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) BuREWOYAH (Specify) Apr.19,1969 Cumberland, Allegany, Md
REGISTRAR 25b. REGISTRAR'S SIGNATURE Rose Hill Cemetery James F. Scarpelli, Cumberland, Md. 2So. REC'D BY REGISTRAR VR A15ME (5) Millianles Judge

gar, gr illum		dward - Lensure	so Koz v	125.54 125.54	
27.	Link	159 70	I, II dernit	931114	oles
	gua elfa	× -	ABU	basir	nal .
Lower	Cardener	each County Mane	asjoulta.	break	Dynibe
Corney None	x Alloyan	bankasakan kan	o I.La	• • •	
	Rose Valentine		9111.561 0	TODO E	
brother borised, Hd.	ell weathe, Our	Mr. Post			
gonnut	Occidator	Variabile 2			
n .	Thronosta	Althuo.reg			
CC 800 FG	Jeleroeis	Vinicato,			
XX					
X	x x				
ril 19, 1969 Pland, Dorylphi		10, 18.9.	.ct Skiterel	Renod	
.h. ms olde,		Pag #131 Cometery			1drus

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04767 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME 2g DATE KNOWN (Type or Print) OF ESTI- XXXXXXXXXX196999: 30Pm Robert Hall Loffert delay 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 3. SEX and Nov.11,1924 1. 1969 White 10 3:00a M Male 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form Penna. TISA DIVORCED [ Allegany WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, went if retired | INDUSTRY Ind. 91420 National Highway La Vale hours after 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 420 National Highway Office of Allegany Ia Vale YES NO and 2 v 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middle Ella Kelly John Loffert haurs the Chief Medical Examiner's d within in pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) Mrs. Edith Loffert, La Vale, Md. -Wife File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH 'pending" PART I. DEATH WAS CAUSED BY: Sudden Coronary occlusion. Left IMMEDIATE CAUSE (a). DUF TO, OR AS A CONSEQUENCE OF Thrombosis. Left Coronary Conditions, if any, which gave rise ta immediate cause (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Sclerosis Coronary \_= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 used 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X please execute the certificate, NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page NOT WHILE AT WORK Inspection XX 22a. I certify that I took charge of the remains described above, held on Autopsy 25. Inquiry K, and in my apinian Natural causes XX Accident . Suicide . Hamicide Undetermined manner the funeral director. death resulted from: CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X May 1, 1969 **EXAMINER'S** Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or co. Gumberland, Maryland NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, New Kensington, (W.M. May 3,1969 Union Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. DATMAY 1969 VR A15ME (5) 10M REV. 1/68

EAST, of Them.				70740
OR . OP O Linguis I don a .	inolitot	12:01	340000	
Tuy 1, 1959 3:00a		1.4 1901, 1	512	del wish
Allegany			ABD	• 0.0000
Industrial -ngincer-Oliver Ind	7° 1, 1, 1, 1, 1	Indija. US		oleV al
gram at fancion ogn	ofaV a	i emasolik		5.1
فيناورنونتي		trolic	i nio	i,
th Loffert, la Vale, Md Mile	122 . 2714		777	ಎ೨೪
clusion, left Sudden				
Actorosis	Coronary			
X XX XX	. 10	46.6		
r try 1, 1969 Cuncerland, Harriand		.ct Skitareli		
New Monstagton, (4.11.) En.		MO Union d		Zalepā aplal

13 1		04768			ITAL RECORDS,	301 W.		REET, BALTII		RYLAND 21201		
7		m2 FilmGull	., . , .	kk		CERTIFICATE OF D		DEATH	10, 14		0470	1.4
4 havrs after death. I in by the funeral sers. Poges 1 and 2 72 hawrs after death.		vne or print)	First		Middle		Last		2a. DATE OF	DEATH Dgy	Yeor	2b. HOUR
be executed within 24 haurs after death ond campletely filled in by the funeral e remove carban papers. Pages 1 and 2 lin ony event, within 72 haufs after death		Do]			Mae		Lynch			April 12	1969	9:30A
fter es fu	3. SE		4. RAC				S. DATE OF BI			6. AGE (In years last birthday)	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
rs of ± gg ≥ 1		Female			<i>M</i> hite	1.		25, 19		66 YRS.		
hau hau hau	caun	IRTHPLACE (State or fareign try)	7b. CITIZ	EN OF WHA	OF WHAT COUNTRY?		B. MARRIED NEVER MARRIED		9. COUNTY OF DEATH			
24 is ad in per	We	st Virginia		US		WIDOWE		RCED	Alle	egany		Md.
hin fill hin	10. C	TY OR TOWN OF DEATH		qive str	AE OF HOSPITAL OR IN eet address)	ZIIIUIION (II	not in hospitol	during ma	st af working	(Kind of work done life, even if retired.)	I 2b. KIND OF	BUSINESS OR
o o vit		Cumberland			eet address) L2 White					life, even if retired.)	Celan	ese
ted pple		USUAL RESIDENCE (Where do	1126 0	CHINTY				YES NO		REET AND NUMBER		
carr		Maryla	ind	E	llegany		erland	45 344 54	f plant	White Av	enue	
e ex	14. 1	ATHER'S NAME First		Middle	Last		IS. MOTHER'S MA			Middle	37	Lost
an din	14.	WAS DECEASED EVER IN U.S.		· (2)	Tlif.		INFORMANT	Re	ose	Address	Kenn	land Md
ertificate physician hen please naval, and		es, no, or unknown) (If yes	give war ar dates of	service)				Tomas I	Zina I	r. 712 Wh		
ne death fertific attending phys permit. Then p		No			214-07-37		III.2.	James 1	Tung.	r. /IZ WII.	APPRÓXI	MATE INTERVAL
Ing Ing		1B. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUSE)	er anly one cou NUSED BY:	use per line	for (a), (b), ond (c)	100		0 6	2		BETWEEN C	ONSET AND DEATH
dea tenc rmit , ar		1MI			aule (	2000	rang .	OCC	usu			
tion		Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)										
at 1 . th . th nsit		rise ta immediate cause	0),(	(b) (b)	A CONSEQUENCE OF	cec	our,	Les 6				for.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death (ertificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Peshauld be filled with the State Dept. of Health priar ta burial, cremation, ar remayal, and in ony event, within 72 hauf		stating the underlying callast.	nze )	(c) (c)	Made	tes	Me	llit	us		2	yes .
quir phys signe buric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
ing ing een the	N			5.0								
s be as t	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20o. Autopsy? 20b. If yes, were findings considered in certifying causes of death?									ERTIFYING	
at a star of the s	RTF						YES					
AN: al al cate cate ar u	AL CE	210. ACCIDENT WAS UNDER		UR A.M.	INJURY Month Doy Year		HOW INJURY OCC	CURRED (Enter	nature of inju	ry in Part 1 ar Part 2,	Item 18.)	
Spitch and the spitch	MEDICAL	(If either, notify medical ex	cominer)	P.M.	1	9						
hy is ce ach		21d. INJURY OCCURRED While Not while at work	21e. PLACE OF	INJURY (	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f.	LOCATION Stree	et or R.F.D. No.	City	or Tawn	County	Stote
the del			/sl: 1		1.1.1.1.1		7/1/2	196	7 to	2// 10	19 100	t (I) <del>(we)</del> -last
DIN   by   be   Sto		22a. I certify that (I)	d alive an	tal) atter	aged the deceds	ea tram_ 19 <i>6 5.</i> a	nd that in (m			accurred an the do	ite and haur	and from the
TEN ined ined ined the		saw the decease	ave, (I) (w	e) (did) (d	did not) view the	bady afte	death.	.,, (oo., ap.,	nan acan,	200000000000000000000000000000000000000	ito atta tiaot	4114 110111 1110
FC B A Shift		22b. SIGNATURE	The state of			-	ATTENDIN	NG MF	ED.	STAFF 22c.	DATE SIGNED	100
OR be 3		ya	1100	and the same of th		DE	GREE PHYS.	DII LE	RECTOR L	PHYS.	4/21	69
AL AL Page Page Page Page Page Page Page Page		22d. PHYSICIAN'S NAME (Type)	15		. 5		22e. ADD		T. Tr.	- T-37-7	_ Wa	
A n A n NER tar,			.K.Pag	an. I						y., LaVal		
HC age FU Francishau	23a.	DELLECTED 15 1 1	23b. DATE	060				Cath		ON (City or Town)	(County)	(State) Md
	24	FUNERAL DIRECTOR	14/4/1	707	Sts. P		raul	Cem.				210
VR AT5 (4) 30M REV. 17.8		There les F H	illes &	200	afe Ave.		rland N			969 FEGISTER'S	was y	- Jan



04769	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BACERTIFICATE OF DEAT		04762
1. DECEASED-NAME First (Type or print) EMM.		LYNCH	20. DATE OF DEATH  APRIL	2b. h <b>g</b> r.
3. SEX FEMALE	4. RACE WH ITE	S. DATE OF BIRTH	6. AGE (In years lost birthdoy) 75 YRS	IF UNDER 1 YEAR   IF UNDER 24 HRS.   MONTHS   DAYS   HOURS   MIN.
7a. BIRTHPLACE (State ar fareign copin) OSTBURG, MD	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NIVORCED NIVORCED	9. COUNTY OF DEATH ALLEGANY	Mc
FROSTBURG		SPITAL THE	USUAL OCCUPATION (Kind af wark dane BOSEW King life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY HOME
admission) STAMARYLANI		ROSTBURG YES X	NO□ 147 ORMOND	STREET
14. FATHER'S NAME First JOSEPH	Middle Lost MAUREY		MARY	WINNER
16o. WAS DECEASED EVER IN U.S. AR Y ar unknawn) (If yes give	MED FORCES? war or dates of service)	MR. JOSEPH	LYNCH, 263 CENT	
PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b) and (c). D BY: ATE CAUSE (a)	onery oc	clusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Swdaw
Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	Hy Farken	rion)	
rise ta immediote couse (a), stoting the <u>underlying cause</u> lost.		Merio . se	clarosis	
	NOITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(o)	
190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYII  OR CONTRIBUTING CAUSE OF DEA  (If either, notify medicol exom	TH HOUR A.M. Month Doy Year		Enter noture af injury in Port 1 ar Part 2	, Item 1B.)
21d. INJURY OCCURRED 21e While Not while of work of work	. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street ar R.F.D.	. No. City ar Tawn	County Stote
22a. I certify that (I) (#	nis hospital) attended the decease ulive an1 e, (I) ( <del>we)</del> (did) (d <del>id not)</del> view the	od fram $4-11$ , 1 962, and that in (my) (suc) bady after death.	9 <u>49</u> , ta <u>4-/4</u> , 1 apinian death accurred an the c	9 <u>69</u> , that (I) (we) las date and haur and fram the
22b. SIGNATURE	Diehl To	DEGREE ATTENDING PHYS.	MED. STAFF   220	C. DATE SIGNED
22d. PHYSICIAN'S NAME (Type) H	DIEHL, M.D.	22e. ADDRESS 39 W.	MAIN, FROSTBURG	_ MD .
BURTAL (Specify)	19/69 ST. MI	CHAEL'S CEMETE		(County) (State) ALTEGANY MD
2MANTE POTOR M. SC	WERS HAFER-SOWE HOME, 60 W.MAI	RS FUNERAL 25 AFT	2 R 2 R 2 ST 1969 256 / RD 256	EVSIGNATURE CONTRACTOR

				1060 \$ 7 \$ 1
16, 1069 0:	Irka dila	KIRK		ni (i
	£0	es vatt.	T, H	5.1a 10 1
	MILES AND A STATE OF THE STATE			E DEVI DEG, HD. U.
MICH MIC TO	0/31/04/23/07	JAT	гчиой вжейци.	ADALETO DE
THE STATE OF	The parks	DAMETS	MH-YEAGSAIR	Plant Treft
NUMBER	378		Ye hugh	
	o gas idaki is	ipon . ne		
* * * * * * * * * * * * * * * * * * *		THE RESERVE AND A STREET ASSESSMENT ASSESSME		
e de la	690°4°5°844	1		Averval Operation of notice at

1	01,770 DIVISION OF VITAL RECORDS, 301 W.	PRESTON STREET, BALTIMORE, MARYLAND 21201  CATE OF DEATH	04763
leath.	1. DECEASED-NAME First Middle (Type or print) SCOTT M.	Lost 20. DATE OF DEATH APRIL Month 4 Doy 1	969r 1:45A
Within 24 hours after death sly filled in by the footboom papers. Pages and within 72 hours after death	3. SEX 4. RACE WH! TE	0.1102 (11.1001)	UNDER I YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN
4 hour 4 in by sers. P	70. 8IRTHPLACE (State or foreign Country)  MARYLAND  7b. CITIZEN OF WHAT COUNTRY?  WIDOWEL  WIDOWEL	9. COUNTY OF DEATH  ALLEGANY	Md.
Mithin 24 hours sly filled in by con papers. Po within 72 hours	10. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospitol 120. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
e executed within 24 hu ond completely filled in remove corbon papers. n ony event, within 72 h	13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  MARYLAND  ALLEGANY  LITT	DR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
he exeminated in ond or din only	DENTON MANN	IS. MOTHER'S MAIDEN NAME First Middle SARAH	SCOTT Lost
ertificate be physician o nen pleose oval, ond ir		MEMORIAL HOSP., CUMBERLAN	
equires that the death certificate be exerphysician. signed by the ottending physician and comburial-transit permit. Then please remoburial, cremation, or removal, and in any	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	pelen Salver	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  LLCA COLL C
rt the deat the ottend sit permit. nation, or r	Conditions, if any, which gave rise to immediate cause (a).	y occherci Gargerie	(hour
aquires thot t physician. signed by the buriol-transit buriol, crema	stating the underlying couse DUE TO, OR AS A CONSECUTINCE OF (c) CULLULUS ELEN		
The law requires th attending physician hos been signed by se os the buriol-tra h prior to buriol, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.		
IAN: The law related or attending if ficote has been sfor use as the Effeolith prior to b	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 21c.	200. AUTOPSY? 20b. IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	
SICIAN: spitol or strificote ed for a	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M.	HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	n 18.)
DING PHYSICIAN I by the hospitol Affer this certifica be detoched for Stote Dept. of He	While Not while at work of work		Caunty State
	220. I certify that (I) (this hospital) attended the deceased fram—saw the deceased alive on—fig. 3, at causes stated abave, (I) (we) (did) (did nat) view the bady after	nd that in (my) (aur) opinian death accurred an the date r death.	, that (I) (we) lost and hour and from the
OR ATTENI De retoined SIRECTOR: A e 3 should ed with the	22b. SIGNATURE	The state of the s	EASIGN 39 69
O HOSPITAL OR ATTENI Poge 4 may be retoined O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) DR. V. DROSS	22e. ADDRESS CUMBERLAND, MD.	
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be fil	230. BURIAL (REMATION, REMOVAL (SPORITAL 4.6.69 PINEY PLAIN	IS RURAL ALLEGANY	
VR A15 747	24. FUNERAL DIRECTOR  GROVE FUNERAL HOME  ADDRESS  HANCOCK,	MARYLAND 10 1969 VClearly	

					04770
Age: 1 Goet #	JIRGA	A.A.		TI	300
		10-10-5			3.16
	YHADSILIA			Aeu	TIGARYAM
			Meral Hose.		UNA.ISTERNATI
	X		11.1 Y A. 1. 3		AALLAA
Scott	Part		SIVAME		LINE DENIL
, L. , O. A.L. 3			£05-01-015		
100 KH_1_1		x - C			
	Lin Ana	เทริเมสเซ	2	0310	.au like in sa
ECANY VD.	RUPAL ALL	24	PLYEN PLAN	6.50	. A L'AL PUR
4.5		CHIA. IYRAN	, houdhan E	MUN JA	leaut avona

TOTAL OF DRAME WHITE THE STATE OF THE STATE			
POTENT TO THE THE PERSON	5 5 54		
THE OWNER AND THE PARTY OF THE			
	NEW WORLD		
	New Year and the		
	A parties		
Bertle A. (Brutas, 162) parties.			
to be with the plant of the plant			
The second of the second			
	44		
on furnically and that the			
The series of th	1-21-69 Est. Backeri	P CONTRACT OF A	

11.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
death. neral and 2 deoth.	1. DECEASED-NAME (Type or print)  ROSE  Middle  C. MC CORMICK  20. DATE OF DEATH  APRIL Month 10 Day 1989 12:10A
within 24 hours after death rely filled in by the funeral roon papers, Pages I and 2, within 72 hours after deoth	3. SEX FEMALE  4. RACE  WHITE  5. DATE OF BIRTH  6-21-81  6. AGE (In years Funder 14 Ars. Hours Min.)  97 Oirthday)  YRS.
d in by	7a. BIRTHPLACE (State ar fareign country) MARYLAND  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED  9. COUNTY OF DEATH  ALLEGANY  Md.
within soon pa	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital  12a. USUAL OCCUPATION (Kind of work dane during mast of working life even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  ME MORIAL HOSPITAL  12a. USUAL OCCUPATION (Kind of work dane during mast of working life even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  WON HOME
we can event	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  STATEMARYLAND  13b. COUNTY ALLEGANY CUMBERLAND  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  1105 KENTUCKY AVE
be exe	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost  ALEX LEASURE FRANCES BRINKER
errificote be physician c nen pleose noval, and ir	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT MEMORIAL HOSP., CUMBERLAND, MD.
equires that the death c physician. signed by the attending buriol-transit permit. The	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
AN: The lov ol or ottendi icate hos be for use as the Health priar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
NDING PHYSICIAN d by the hospitol After this certifica d be detoched for e Stote Dept. of He	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED While at work at work of work at wor
OR be red weed w	22b. SIGNATURE  22b. SIGNATURE  22c. DATE-SIGNED  22c. DATE-SIGNED
TO HOSPITAL Page 4 moy TO FUNERAL I director, pag shauld be fil	23a. BURIAL (REMATION, BUNDAL (REMATION, BUNDAL (REMATORY) St. Mary's Cemetery Cumberland, Allegany, Mae.
VR A15 (#1) 45M - 1) VS	James F. Scarpelli, Cumberland, Md.  250. REC'D BY REGISTRAR DAPPR 1 4 1969  25b. REGISTRAR'S SIGNATURE

The second of th State of the state 

1	04774	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	04767
To a new part of the second of	DECEASED-NAME (Type or print) Rhoda	Middle R	lost McKenzie	20. DATE OF DEATH Month Doy	69 Yeor Zb. HOUR
3.	. SEX Female	4. RACE White	S. DATE OF BIRTH 5/5/188	6. AGE (In yeors lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	o. BIRTHPLACE (State or foreign ountry)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Alleg	
10	D. CITY OR TOWN OF DEATH  Frostburg	11. NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Own Home
00	30. USUAL RESIDENCE (Where deceo dmission) STATE Md	sed lived, if institution: Residence before 13b. COUNTY Allegany	Gilmore 13d. INSIDE CO	TY LIMITS? 13e. STREET AND NUMBER	
L	4. FATHER'S NAME First  Louis  60. WAS DECEASED EVER IN U.S. ARI	Middle Lost  Knippen MED FORCES?   16b. SOCIAL SECURITY	IS. MOTHER'S MAIDEN NAM  Su:  NO. 17. INFORMANT	sanna	Retalic
	Yes, no, or unknown) (If yes give t	var or dates of service)	Mrs.Raymon	Address d Robertson Gi	Lmore, Md.
	PART I. DEATH WAS CAUSE IMMEDI Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	ardial Isc	vernia	BETWEEN ONSET AND DEATH
	rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	leyed aleri	Sclerosis	years
	7 4 6	NOTIONS CONTRIBUTING TO DEATH BUT N	ip - 5 days	prior	
1000	NI INC	CONDITION FOR WHICH OPERATION WAS P	erformed 200. Autopsy? YES NO	20b. IF YES, WERE FINDINGS CONTROL CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Doy Yeorner) P.M.	9	nter noture of injury in Port 1 or Port 2,	tem 1B.)
	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FA			County Stote
		is hospital) ettended the deceaselive on (1) (we) (did) (did not) view the	ed_from, 19 19 <b>69</b> , ond thot in (my) (our) o body after death.	ppinian death ocurred on the da	69 , that (I) (we) last te and haur and fram the
1	22b. SIGNATURE 22d. PHYSICIAN'S	iles Arr	DEGREE ATTENDING PHYS.  22e. ADDRESS	MED. STAFF CONTROL 22c.	DATE SIGNED
	NAME (Type) L. R.		N.D. LONAC	ONING, MD,	21539
L	BEMOVAL (Specify) 23b.	4/19/69 Memo	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Frostburg	(County) (Stote)
2	4. FUNERAL DIRECTOR George Eichh	orn Lonacon		PR 1 8 1969 PCL	SIGNATURE SUCCESSION OF SUCCESSION SUCCESSIO

					47770
7 (69 T	<i>)</i> .	0.187	0	**1	
	V.	###1\%\@		9911	Missel
legany			X VIII	* 1	
	Majour seuro	Engles .	COR THE I		og ing
				true Ma	
plicing		Eng [		ental r	
.00,000,000	tost solot.	1703.17			C.,
				-14	

04768
01100
2b. HOUR P
1969 7:25M
JNDER 1 YEAR   IF UNDER 24 HRS.
ITHS DAYS HOURS MIN
Md.
2b. KIND OF BUSINESS OR INDUSTRY
RICK ST.,
LARUE
ND.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DERED IN CERTIFYING
1B.)
ounty State
T that (1) (we) last
md haur and from the
, that (I) (we) last and haur and from the
and haur and from the
SIGNED 28-69
signed 28-69 ounty) (State)
SIGNED 28-69

MC : JUCKIE APRIL 23, 1 60 7:2 3-21-185 METERS VALUE PENGHAN AND TO A PART AND THE SET OF STATES OF C LUCKIES ALICE ETORIAL MOSPITAL, CUIS. UD. eralisk lanet-etecoli Arteriosclerosis, generalized, with coronary artery disease acting. -, CI (CHALABARE) - 19. Builton H. Stago Th. Builtonia . Mast fabrual de mallita . W. Of At La Clarent All Seelessalt . o. beeck Ingraed throat-woolld

1. [	DECEASED-NAME	First	Middle	CERTIFIC	ATE OF DEA		E OF DEATH		2b. HOUR
	4 4	liner	Harley	Mille		A		Day 1969 or	10a M
3. 5	Male Male	4. RACE	ite		S. DATE OF BIRTH June 29,	1909	6. AGE (In years last highlay)	IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS. HOURS MIN.
7a.	BIRTHPLACE (State ar farei	gn 7b. CITIZEN		WIDOWED [		Al	of DEATH Leganey		Md.
W	city or town of death esternport		11. NAME OF HOSPITAL OR give street poddres Donn	a St.	duŋ	. USUAL OCCUPAT	TION (Kind of wark dan king life, even if retired	12b. KIND OF E	BUSINESS OR
13a	USUAL RESIDENCE (Where nission) STATE Md.	deceased lived, if 13b. CO	institution: Residence befor UNXLLegany				s. STREET AND NUMBER		
	FATHER'S NAME First Howard R. Mi		iddle Last		. MOTHER'S MAIDEN N. Haze		Middle D	duckworth	Last
160	n. WAS DECEASED EVER IN U Yes, na, ar unknawn) (If	J.S. ARMED FORCES' yes give war or dates of se			NFORMANT thel Mille	er Wes	Address ternport,	Md.	
	1B. CAUSE OF DEATH (E	MIMEDIATE CAUSE (						APPROXIM BETWEEN ON	ISET AND DEATH
	Canditians, if any, which	1010	O, OR AS A CONSEQUENCE C		oma head o	f pancre	988	1 yz	•
	stating the underlying last.	cause DUE T	O, OR AS A CONSEQUENCE C						
N		ant conditions <u>co</u>	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS				
CERTIFICATION	19d. DATE OF OPERATION 12 Nov 68	Whipple	FOR WHICH OPERATION WAS			10 🗐 CA	b. IF YES, WERE FINDING USES OF DEATH?		RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNI ar contributing cause (If either, natify medical	examiner)	TIME OF INJURY R A.M. Manth Day Yeo P.M.	or 19			injury in Part 1 ar Part	2, Item 18.)	
ME	21d. INJURY OCCURRED While Nat while	21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LO			City or Town Apriln3,	Caunty	State
	220. I certify that saw the decea causes stated	(I) (this hospite sed alive on_ obove, (1) (	d) attended the deced 1 April (did) (did pot) view th	osed fram 11 19 <b>69</b> , once body ofter c	that in (my) (evilenth)	r) opinion deo	th occurred on the	19 <u>69</u> , that e date and haur	(I) (we) last and fram the
	22b. SIGNATURE	man	Teens	P DEGR	EE PHYS.	4450	2	22c. DATE SIGNED  April 15	
	E'ZZA PHYSICIAN'S	+ *	Reeves M.D.		22e. ADDRESS	Vesternp	ort, Md.		
		orman J F						·	
	MAME (TYPE NO. BURIAL, CREMATION, BEEMOVAL TOPOCITY)  FUNERAL DIRECTOR	23b. DATE 4/6/69			CREMATORY		ATION (City or Town) sternport	(Caunty) Mo	(State)

		Andreas Broken	07770
		e English to regis	20 1
	7,C C		- 1
aller give	reicult	.do smoo III	Je un des
	annoi 17. X - 1 contigue	white quantity	e T
, for 2 =	. Long		
	end the son is an in tall	file de un	ou
· 105 × 1	nemakis reast 4 revi	La etente origet	
			grand Se work Se
69			LZ Nov 68 min
(2)	r Firms	a er e-fore	LZ Nov 68 min
(2)	C Itall	S Trick I	LZ Nov 68 min

	04777 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	0477	0
	1. DECEASED-NAME (Type or print) FRANKLIN WILLIAM MILLER 20. DATE OF DEATH Month 9 Doy	69 <sup>Yeor</sup>	2b. HOUP
1			10:30 UNDER 24 HRS.
	MALE WHITE 9-9-08 lost birthdoy) YES		OURS MIN
	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED X NEVER MARRIED   9. COUNTY OF DEATH		
ŀ	W. VA.: USA WIDOWED DIVORCED ALLEGANY  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	T	Mo
I	CUMBERLAND give street oddress) HEART HOSPITAL duffer to the refered oddress)	12b. KIND OF BEST	IESE
1	13c. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE W. VA. 13b. COUNTY MINERAL RIDGELEY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY LIMITS?		
ĺ	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	-	Lost
ļ	JOHN W. MILLER (BAKER) ESSIE	MILL	
		OO SETON UMBERLAN	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE BETWEEN ONSET	INTERVAL
I	IMMEDIATE CAUSE (o) Intestinal Obstruction	12 h	rs.
	Conditions, if ony, which gove rise to immediate couse (a),  DUE TO, OR AS A CONSEQUENCE OF  Generalized Carcinomatosis  (b)	6 m	os.
I	stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   Carcinoma of Cecum	2 y	rs.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22b. HOW INJURY OF CHIPPED. (February of injury in Part 2 to Pa	ISIDERED IN CERTI	IFYING
	G OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year	m 18.)	
	City or Tawn   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Tawn   Office Bullioling, ETC.   Office Bullioling,	County	Stote
	22a. I certify that (I) (this haspital) attended the deceased from March, 19 69 to Apr 11 9, 19 saw the deceased alive an Apr 11 9 and that in (my) (aur) apinion death accurred an the date causes stated abave, (I) (we) (did) (did nat) view the body ofter deoth.	69, that (I) and have an	) (we) last d fram the
١		IE SIGNED 9	
	22d. PHYSICIAN'S NAME (Type)  J. A. PAGAN, MD  22e. ADDRESS 1068 NATIONAL HWY., LA VA	ALE, MD.	
L	RMOXIVERITY) /4/12/69 Iion Memorial Burial Park   nr. Cumberland A)	llegany,	State) Md.
	24. FUNERAL DIRECTOR  GEORGE'S FUNERAL HOME  ADDRESS GREENE ST. 250. REC'D BY REGISTRAR 256. REGISTBAR'S ST. CUMBERLAND, MD. DATE APR 1 4 1969	GNATURE Joseph	ie '

e:01	R L	1111E		F1241
	0-(	<b>-</b> (	ETIH. 1	7 <b>.</b> ]();
	YLLEGALY	X	r.2U	: AV V
CILCHES	talken saask	HEALT HESPITCL	SACKE	CMARTINA
.3. 7.61	) secon	FICELEY	1/13/11/	07.1
900 SETEM M.	SS18	MILLE? (84	·\\	14 . L
CUARRELENGE, I	TAL FEC-105	T(0) H(2)1.	214-07	OL: N
	3.7	demi.Comi	daditi.	
La om E	alaginin	Jours benfi		
. say S		NEOBC To anio	040050	
	12mga - 68	do ta	11.4	
Prod. Pr.P.				
Lu MIE, ME.	OF MICHAL HIV.,		(1,101	۵. ۵.
the posterous A. h.	paksidni ir jazil i	T 7 7 7 0	10.12	i. Indiana
	Sin blook.	G.EEWE ST. CHNEELLOND, NP.	3144 41	GEC GETS FULL

White the same of the same of

				CONTRACT.
8 (801 " 4 .mg	gozha (2)C	Bravell	unii	28
	Serek 11, 1895		otind	
Nemny	A TOTAL		AEU	.68
e Operator Centut	Adton Rd Olan	J		huaireleu0
124 W. Olatown Rose	E g bantan	Constitution of the second	,(1.0	.64
der un chu			desparation of the second	Orlan i
o, Camberland, 6d, -alfe	orkinik ent .nn	4		on.
	mala - d			
	CUA-			
	CUA-			

MARYLAND STATE DEPARTMENT OF HEALTH

CYTYO HALL MARKET LANGUAGE TO THE TARK THE TARK The last of the second of the many start CHARLES THE COLOR OF THE PAGE . The state of the THE PAS AND THE PASSAGE AND TH SECTION OF THE PROPERTY OF THE . C. . LEPATUS TOLOGE SA TILLED TO A PROPERTY SEES. PROPERTY AND A SEES. PROPERTY AND A SEES. PROPERTY. LONG TO A SEE A S THE RESERVE OF THE PROPERTY OF

1			ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BA		101
	04780		CERTIFICATE OF DEATH		04773
1.	DECEASED-NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
L	(B	ABY BOY)	MORRIS	APRIL Month 7	Day 1969 3:254
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In year last birthday)	IF UNDER I YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
Ļ	MALE	WHITE	APRIL 7,	1909	YRS. MONTHS DAYS HOURS MIN
((	D. BIRTHPLACE (State or foreign buntry)  MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH ALLEGANY	
10	D. CITY OR TOWN OF DEATH		WIDOWED DIVORCED STITUTION (If not in hospital 12a, US	SUAL OCCUPATION (Kind of work	Md.
	CUMBERLAND	MEMOR I ALH	OSPITAL during	mast af warking life, even if reti	
13	In USUAL RESIDENCE (Where deceose Imission) STATE MARYLAN	d lived, if institution: Residence before		Y LIMITS? 13e. STREET AND NUMB	
14	I. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Mid	
	FRANC		RIS SH	IIRLEY C	• HARPER
16	6a. WAS DECEASED EVER IN U.S. ARMI Yes, na, ar unknown) (If yes give wa	D FORCES? r or dates of service) 16b. SOCIAL SECURITY none		OSP. CUMBERL	AND, MD.
	18. CAUSE OF DEATH (Enter anly	ane cause per line for (a) (b) and (c)	) 1———		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED	BY: F CAUSE (a) FREM	aturity		
	177X	DUE TO, OR AS A CONSEQUENCE OF		REINFORM	
	Conditions, if any, which gave rise to immediate cause (o),	(b)			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
		(c)	OT RELATED TO THE TERMINAL DISEASE O	D CONDITION CHIEN IN DADT 1/ )	
		STITONS CONTRIBUTING TO DEATH BUT IN	OF RELATED TO THE TERMINAL DISEASE O	KCONDITION GIVEN IN PART I(d)	
TION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS P	RFORMED 20a. AUTOPSY?	₹ 20b. IF YES. WERE FIND	INGS CONSIDERED IN CERTIFYING
CEDTICICATION			YES NO	CAUSES OF DEATH?	
			21c. HOW INJURY OCCURRED (En	nter noture of injury in Part 1 ar P	Part 2, Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exomine		9		
ME	21d. INJURY OCCURRED Vhile Nat while at work at wark		CTORY.) 21f. LOCATION Street or R.F.D. I	No. City or Town	County Stote
	22a. I certify that (I) (this	haspital) attended the deceas	ed from, 19	, to	_, 19, that (I) (we) lost
	saw the deceased ali	ve an(I) (we) did nat) view the	9 and that in (my) (our) o	pinian deoth occurred on t	he date and haur and from the
	226 SIGNATURE	(i) (war) (ala har) view the	body luter death.		22c. DATE SIGNED
	Willer	Master	DEGREE ATTENDING PHYS.	MED. STAFF PHYS.	ZZC. DATE JIONED
	22d. PHYSICIAN'S		22e. ADDRESS		
	NAME (Type) DR.	NADEAU M.D.	CUMBE	RLAND, MD.	
23	BREMOYAL (Specify)  A D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town	) (Caunty) (State)
_		r.8,1969 St. J.	seph's Cemetery	Midland, Mo	d. Allegany (State)
24	James F. Scar	pelli, Cumberlar	d, Md.	BY BEGISTRAP 25h CHOS	TRAPE SIGNATURE

	CTL 30 ACT (TTL 30 ACT )			04280
es: g = caer = 1	RRIS APRIL	dia	(Y08 Y84)	
11 3			311.11	3.14.1
	YAAA JUA		ASU	91A/12/4
	JA	11 20 Jel.	lo ZaM	CWATERTAND
	ERLE SELX SE ETRO SHIRLEY			
	nemoning Rose, or Bern			on
	THE PARTY OF THE P			
	CHARERLAND, NO.		HABBAH	.10
	e Constitute , .years and a			
400	SOUTH THE	SE , Bunige	end , El foqu	Junes F. Son

					18740
51:€3 €3	7	2 YII	5.	CLANCE	
2	2	51 10 70	- 1   F1	1	FENCLE
ALL IGAN,Y				กรบ	.AW
	ST HEALESS	FIFAL P	CONTRACT HOS	270	CU HEERLAND, MO.
	3001	1. L1 1.62	V. CALIY	170	.08
K SA 31. 900 571. N 1 1 E	HOLLY HEALIC		SHOBE	192	CHAL
CURBERLET, MO.	IOSPITAL	SCENED HEART P	7 07 125	21	047
-CU//SEFLAND, 11).			KO [/65] JON		

XILCOX-HELLITT FEMERAL SERVICE -464 DECATUR ST. CUMSERLAND, AL.

1		04782	DIVISION O	F VITAL RECORDS,	301 W. PI					201 047	r bily go.	
22	1. D	ECEASED-NAME Firs		Middle	CEKTIFIC	Last		DATE OF		041	19	Tal House
r deoth. unerol l ond 2 r deoth.	(	Type or print) CL	ARA	A.	١	ILAND	20	J. DATE OF	Month	5°y	69	2b. HOUR 7:05A
tours after to the full tours after hours after	3. S	FEMALE	4. RACE	TE		S. DATE OF BIR 4-20			6. AGE (In year last birthday	ors () YRS.	IF UNDER 1 YEAR AONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
24 hours after deoth.  29 hours after deoth.  27 hours after deoth.		BIRTHPLACE (State ar fareign mary) MARYLAND	7b. CITIZEN OF W		8. MARRIED [	NEVER MARR	LILD .	OUNTY OF	DEATH			Md.
within 24 son paper within 7	1D.	CITY OR TOWN OF DEATH  CUMBERLAND	11. t give	NAME OF HOSPITAL OR INS Street address) MEMOR I A L	HOSP I		12a. USUAL OC during most of HOT	CUPATION	(Kind of wark	done tired.)	INDICTOR	BUSINESS OR Home
executed within and completely fille emove corbon poony event, within	13a. odm	USUAL RESIDENCE (Where decedission) MARYLAND	sed lived, if institu		13c. CITY OR		3d. INSIDE CITY LIMITS?	13e. STR	EET AND NUM	BER	CENTR	
be exe	14.	FATHER'S NAME First PHILL	Middle	Last CLAR	KE IS	. MOTHER'S MAI	DEN NAME First	RINE		ddle	SHAN	NON
hysician n pleos	160	was deceased ever in u.s. ar es por unknown) (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY I	NO. 17. II	NFORMANIME JMBERL	MORIAL AND, MC	HOSF	TALAdd	Iress		
ATTENDING PHYSICIAN: The low requires that the death certificate betained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please ith the State Dept. of Health prior to burial, cremation, or removal, and	CERTIFICATION	18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI IMMED  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	ED BY: IATE CAUSE (o)  DUE TO, OR  (b)	AS A CONSEQUENCE OF	me mos	ne	à litres	, Ule	-us		APPROXI	MATE INTERVAL INSET AND DEATH  COLOR  WALL  MATERIAL  MA
The low require attending phys hos been signe se os the burior to burior to burior.		PART 2. OTHER SIGNIFICANT CO		UTING TO DEATH BUT NO		THE TERMINAL  20a. AUTOP YES		2Db. IF	IN PART 1(a) YES, WERE FINE OF DEATH?	DINGS CON	NSIDERED IN C	ERTIFYING
SICIAN: spitol or ertificate ed for u	MEDICAL CER	210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exom	TH HOUR A.M. iner) P.M.	Manth Doy Year	,		IRRED (Enter notu			Port 2, Ite		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in try, the fundirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after	V	While Not while at work  22a. I certify that (I) (the saw the deceased accouses stated above 22b. SIGNATURE	nis haspital) attailive an e, (I) (we) (did)	ended the decease (did not) view the	1	ATTENDING PHYS.	, 19 <u>69</u> ) (aur) opinion	, ta Lag a death ac	STAFF PHYS.		Caunty  , that cond hour  TE SIGNED	
TO HOS Poge 4 TO FUNI directo		Buoyal Solify) Ap.	DATE c.8,1969		CEMETERY OR C	CREMATORY	etery 23d	LOCATION Cumb	(City or Town	A.Al	(County)	(Stote)
VR A15 (1)	24.	James F. Scar	rpelli,	Cumberlane	d, Md.		DATE APR	8 19	2Sb. REGIS	STRAR'S SI	GNATURE CAN DOWN	ye :

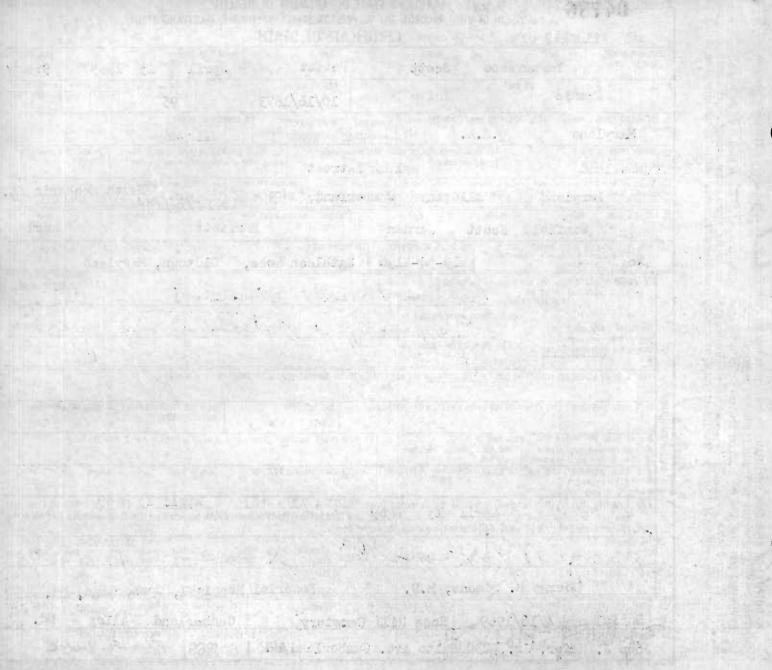
			A THE	CLARA
		P7-02-0		3 4 14
	YUADILDA		. A. S.	Beauty no. 19
not mo	of Francial Co	MAT 1984	- LAURONAN	government with
re entreo		T OUAL BOND		
MONUMINE.	tiekine M. Hospitak M.	AO Na magama Tunna ann an	Dinalo	dilliad on

	HEAT OF THE PARTY			887.YU
22 - 1967 T 11:50	115 6 THE 1 FAVA	1	The wife	
	Committee Bally Health			AV
		cire un	IMP SI	OFASH STOLES
TOLVIAL LANDYA	20-10-20-00-07	Ú		
17:05	NO AN		result	
, _ , _ , _ =0.00	Charles on Avenue of		220010	
	State of Land			
			PATHO = -	
			A LANGE	
	8001 8 S H 2 S 1908			

e de la Marchia de Marchia		
	tymined Services	
(2.2m a) Luff (	Control of the Contro	

	04785 non-english maken 18540.
	PRIMOD EXAMB
	The effect of the state of the state of
YEADEMIA	.A.B. / .Q. TRA DESA
The minute of the state of the	A PROPERTY OF THE PROPERTY OF
ingo: "of 'son,	TVAIL SEATENS TO DIEG
PERMITARE BURNAPE	SERVICE TO SERVICE STREET
PRACTIS BOLLMARY  VACCING U. W. C. 1532  VACCING U. V.	reportustuoss asilok Est
continue while the same remains	
CONTRACTOR OF A CANDISON OF A CANDISON OF	
THE RESERVE OF THE PARTY OF THE	
	Out Octable Control of the Control o
DAMES AND THE TOTAL AND THE SECOND TO THE S	37. ACM

1	TT	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	04779
X	I	Item13 FilmG412 4/30/69 kk CERTIFICATE OF DEATH	04779
er deoth. funeral 1 and 2 er death.		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Temperence Scott Pettet April Month 13	Day 969 Year 9:30 N
ours after deoth.  by the funeral  Pages 1 and 2	3. 5	Female White 10/14/1972 (asphithday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Pool Pool	7o.	BIRTHPLACE (State or foreign Vb. CITIZEN OF WHAT COUNTRY?  Maryland  V.S.A.  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED Allegany	Md
completely filted in by the funeral nove carbon poper. Pages 1 and 2ny event, within 72 hours after death	100	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  Sylvan Retreat  12a. USUAL OCCUPATION (Kind of work do during most of working life, even if retired	d.) INDUSTRY
omplete ve cark event,	13a. adm	b. USUAL RESIDENCE (Where deceased lived, if institution: Residence before mission) STATE Maryland 13b. COUNTY Allegany Cumberland 13c. CITY OR TOWN Cumberland 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. MSIDE CITY LIMITS? 15e. STREET AND NUMBER 13d. MSIDE CITY LIMITS?	orth Mechanic St.
be exe	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Winfield Scott Jordan Harriett	lost Shuck
ificate nysicion pleosi al, and	160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, Norunknawn)  16b. SOCIAL SECURITY NO. 219-54-2196  17. INFORMANT  Addres  Addres  Addres	
AN: The low requires that the deoth certificate be executed within all or ottending physician. It is not seen signed by the ottending physician and completely for use as the burial-transit permit. Then please remove carbon Health prior to burial, cremation, or removal, and in any event, with		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the de the otte sit perm		Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF	ym.
us thol sician. ed by i al-trons		rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
required phy.	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The low requires the ottending physician, has been signed by se os the burial-tronth prior to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
CLAN: Tital or ifficate I for us	MEDICAL CER		t 2, Item 1B.)
PHYSI te hosp this cert etachec Dept. c	WED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No.  City or Town  of work  at work	County State
ATTENDING PHYSICIAN: The low stained by the hospital or ottending CTOR: After this certificate hos bee should be detached for use os the ith the State Dept. of Health prior the state Dept.		22a. I certify that (1) (this hospital) attended the deceased from April 15, 1957, to April 12, saw the deceased olive on April 1952, and that in (my) (our) apinion deoth occurred on the	19_69_, that (I) (we) last a dote and hour and from the
	1	ATTENDING MED. STAFF	22c. DATE SIGNED
O HOSPITAL OR Poge 4 may be re O FUNERAL DIRE director, page 3 should be filed w	1	22d. PAYSICIAN'S  AMAGE (Type)	4/13/6/
OSPI UNER Bector,	230	a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Pog Pog dire		REMOVA (Specify) 4/16/1969 Rose Hill Cemetery Cumberland	Alleg Md.
VR A15 (4) 30M REV. 1168	) 24.		ar's SIGNATURE



+-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH	21201 04780
		04100
hours after death.  by the funerol.  S. Pages Land 2 hours after death.	1. DECEASED-NAME (Type or print) IRENE B REITH  20. DATE OF DEATH CONTROL	
fer ffer ffer	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (1)	
rs o	FEMALE WHITE 6-1-04 last birth	4 YRS.
hou hou hou	70. BIRTHPLACE (Stote or foreign Country) 7b. CITIZEN OF WHAT COUNTRY?  WARYLAND  V. S.A.  8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED ALLEGAN	
24 ed i		1110
e executed within 24 hours after death and completely filled in by the funerolinemove carbon papers. Pages 1, and 3 nony event, within 72 hours after death	10. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even Housewife	
omplei event	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY EGANY CUMBERLAND YES XI NO 339 BE	DFORD ST.
exe emo ouny	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Lost
	CONRAD HERPICH Maggie	M Wiebel
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address
eoth certific anding phys nit. Then p ar removol,	Yes, na, or unknown) (If yes give war or dates of service) None MEMORIAL HOSPITAL C	UMBERLAND, MD.
cer The The	18. CAUSE OF DEATH (Enter only one cause per line for (g) 19), and (c).).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ooth ndir nre	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Authorized Autho	C la vers
atte	DUE TO, OR AS A CONSEQUENCE OF	
t the	Canditians, if any, which gave	
thot the d an. by the atte transit pern cremation,	rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health prior to burial, cre	last. (c)	
g physician. n signed by the attendi e burial-transit permit. o burial, cremation, ar re	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(0)
trending as been so the prior to b	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE	FINDINGS CONSIDERED IN CERTIFYING
Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use os the should be filed with the State Dept. af Heolth prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE CAUSES OF DEATH	
Heolf		1 ar Part 2, Item 18.)
	GOR CONTRIBUTING CHAPTER (If either, notify medical examiner)  P.M. 19  21d INITIAL OCCUPATION CALLED A CONTRIBUTION AND THE FARM STREET FACTORY 211 LOCATION Street AT P.F.D. No. (City of Tourn	
179		Caunty, State
	While Not while at work of work of work	1/1/1/1/1/1/
	22a. I certify that (I) (this haspital) attended the deceased from 3/7 / 6/19 , ta 4/3/	9, 19, that (1) (wet last
	saw the decorated live an the last last last and that in my law aninion death accurred	an the date and haur and from the
E	courses stated above, (I) (me) (did (did set) view the bady after death.	////
With	22b. SIGNATURE AFTENDING MED. STAFF	22c. DATE/SIGNED / 9
led /	DEGREE PHYS. DIRECTOR LI PHYS.	1/4/6/
	22d. PHYSKIAN'S NAME (Type) DR. R. J. WILLIAMS  22e. ADDRESS CUMBERLAND, MD.	
should be filed with the State Dept.	23d. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or	Town) (County) (State)
V	REMOVAL (Specify) 4/7/69 Hillcrest Burial Park Cumber	and Alleg any Md
5	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 255.	
(4)	William G. Kight Cumberland, Md. DARPR & 1969 2	Charles Judges

			THE SHOP OF		78740
1::1	£ 1		\$ 48 \$ 1 m2.	1	3.137.1
	100	40	o fac	5 ; ; ;	â W. at.
	TAIAD	a LLA	X	.4.2.1	SHALY PAND
non my		lousedice	441,130	IATAO HAM	CUA JABARUA
es.	REGEOR	066 31 W	GHALIAR ILLUD	NAMA ALGA	0.0.1491/3
Stabs	H	elppan	1001	N34	GAR 700

W	1	1	04783		301 W. PRESTON STREET, BAI		04781
Y					CERTIFICATE OF DEATH		OTIOT
	death.		ECEASED-NAME First Type or print) WALTI	ER ELWOOD	RITCHIE	2a. DATE OF DEATH APRIL Month 16 Doy	1969 4:40 An
	ifter steer	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	and	70	MALE BIRTHPLACE (State or fareign 7	WHITE  (b. CITIZEN OF WHAT COUNTRY?	7-5-11	5/ YRS.	
	n 24 hours after illed in properts. Reges 1 nin 72 hours efter	can	PA.	USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md.
	within bon po bon po within withir		CUMBERLAND	11. NAME OF HOSPITAL OR IN give <b>RIE MOR</b> ) AL	HOSPITAL duma	UAL OCCUPATION (Kind of work done may to yorking life, even if retired.)	12b. KIND OF BUSINESS OR
	e executed within 24 and completely filled remaye carbon pope in any event, within 7	13a. adm	USUAL RESIDENCE (Where deceased issian) STATE MD	lived, if institution: Residence befare 13b. COUNTY ALLEGANY	CUMBERLAND YES X		Т.
	icion and leose rema	14.	FATHER'S NAME First IRVIN	Middle Last J. RITCI	IS. MOTHER'S MAIDEN NAME	First Middle BERTHA C.	Lost Lost
	physicion physicion nen pleose noval, ond ii	160	WAS DECEASED EVER IN U.S. ARMEE Yes, 19, or unknown) (If yes give ward	D FORCES? 16b. SOCIAL SECURITY 217–10–5!		SPITAL, CUMBERL	AND, MD.
	ot the deoth certif the ottending phy nsit permit. Then mation, or remova		PART I. DEATH WAS CAUSED E	ane cause per line far (a), (b), and (c). BY:	1111	7 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	that the deo an. by the ottenc tronsit permit cremation, or		4109 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	Tyocardiel 1070	arciien	4 hrs
	y the onsit possit permati		Conditions, if any, which gave rise to immediate cause (a),	(b) Seclaran of DUE TO, OR AS A CONSEQUENCE OF	Lett Anterior Com	grang Ustery	4 hrs
	equires thot tl physician. signed by the burial-tronsit buriol, cremat		stoting the underlying cause lost.	(1) Generalized	Arta-105 elerosis +	Myocardial Hypertiash	4
	required by the sign of the pure to bur	z	PART 2. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(a)	
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within be retained by the hospital or ottending physician.  JIRECTOR: After this certificate has been signed by the ottending physician and exempletely fille as should be detached for use as the burial-transit permit. Then please remove carbon poed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept. of Health prior to burial.	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	IDING PHYSICIAN: The day the hospital or or or Affer this certificate he detached for use State Dept. of Health	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M.		ter noture af injury in Part 1 or Port 2, It	em 18.)
	JING PHYSIC by the hospii fler this certi be detached Stote Dept. of	ME			TORY.) 21f. LOCATION Street or R.F.D. N	lo. City ar Town	County State
	ATTENDING stained by th CTOR: After t should be di		22a. I certify that (1) (this	haspital) attended the decease	969 and that in (my) (aur) a	67, ta, 19_ pinian death accurred an the dat	, that (1) (we) last
	ATTER taine TOR: shoul		causes stated abave,	(i) (we) (did) (did not) view the	bady after death.		ATE SIGNED
	OR be rebered		1 good. W	1 Smon	DEGREE PHYS.	MED. DIRECTOR PHYS.	111119
	TO HOSPITAL OR ATTENDING PHYS Page 4 moy be retained by the host O FUNERAL DIRECTOR: After this cel director, page 3 should be detache should be filed with the State Dept.		22d. PHYSICIAN'S NAME (Type) George	e M. Simons, M. D		Hosp. Cumberland,	Md.
	Page To Fun direct		BURIAL, CREMATION, 23b. DA' BENOVAL (Specify) 4/18	TE 23c. NAME OF Sunset	CEMETERY OR CREMATORY  Memorial Park,		(County) (State) Legany Md.
	VR A15 4	24.	funeral director  H. Wayne George	e Cumberland, Md	25a. REC'D DATE PR	2 T 1969 Jelian	IGNATURE

		matrial and a second	a thirt and so their	78730
	1113.			
	V.	m m	ättind Aä	#JA11
.311 .32	indicine sov.	10.11.200	JA LEON DE	CUMPERMcmc
.78 1	X 11 0. LE	C((,1);3)(10)	Minosim	.0
TEETS :	a Allega	21	7.	KIVAL
. QL , DMA.183	divo Larieson	JATANET TO	(-) }-;1	,649

		04789	DIVISION				N STREET, BALT		ARYLAND	21201		0.1.14	
FOR STATE		03109		MED	CAL EXAM	INER'S C	ERTIFICATE	OF DE	ATH			0478	
HEALTH DEPT.		PECEASED-NAME Type or Print)	De C	oursey	Midd A	e	Roth		20. D	ATE KNOWN DF ESTI-		26 19 6	
ny delay is 2, and 3 to n PM3 Page	3. S M	ALE	RACE White	S. DATE OF E	14,1896	6. AGE (In years lost birthday) 73 YRS	MONTHS DAYS	HOURS 14	40. 01	ATE PRONOUNCED		Year 1969	2d. Hous 11A M
orm P		BIRTHPLACE (State ntry) Mary		7b. CITIZEN OF V	VHAT COUNTRY?		RRIED X NEVER MA	ARRIED   ORCED	9. COUNTY O	F DEATH Legany	119		Md.
hours after deoth on them 18. Give Pages 1, 2, 2, 2, 2, 2, 2, 2, 3, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	1	CITY OR TOWN OF		11. give	NAME OF HOSPITA e street oddress) T	OR INSTITUTION	(If not in hospital emorial	H during	UAL OCCUPATION OF WORK	ON (Kind of wo	rk done   1 retired.)	26. KIND OF BUS NDUSTRY Rail:	iness or
s after 18. Give along	130.	USUAL RESIDENCE dmission) STATE	(Where deceas	ed lived, if inst 13b. COUNTY	itution: Residence		or town berland	3d. INSIDE CITY LIA YES 😿 NO	100. 0	TREET AND NUM	RFK		
land land	14.	FATHER'S NAME	First Oavid O	. Roth		Last	15. MOTHER'S MAI		First L. We	Mid eber	ldle	Las	
oencil in ominer's e pages 2 hours		WAS DECEASED EVE (es, no, or unknown yes		ORCES?	16b. SOCIAL SEC	JRITY NO.	7. INFORMANT Mrs. Ma			ADDRES		MdWi	fe
TY SICAL EXAMINER: This certificate should be executed within 24 hours after death y, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, rol director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form in retained for your files.  **AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and Z with the State De prior to burial, cremation, or removal. and in any event within 72 hours after death.		18. CAUSE OF I	DEATH (Enter on ATH WAS CAUSE	By one couse per D BY: NTE CAUSE (a)	line for (a), (b), o	nd (c).)	CORONAF		CLUSI			APPROXIMATE BETWEEN ONSET SUDDE	INTERVAL AND DEATH
be exe "pendii iief Mei insit pe event v		Conditions, if an	y, which gove		OR AS A CONSEQUE	NCE OF	CORC	ONARY	SCLE	ROSIS			
hould word the Ch uriol-tro		rise to immedia stoting the und last.			OR AS A CONSEQUE	NCE OF							
icote s ng the ded to ded to as o bu		PART 2. OTHER SI	GNIFICANT COND	ITIONS CONTRIBU	JTING TO DEATH B	JT NOT RELATED	TO THE TERMINAL D	DISEASE OR CO	ONDITION GIVE	N IN PART 1(0)			
e, writiforwar forwar s used emoval	IFICATION	190. DATE OF OP	ERATION		19b. CONDITION WAS PERFO	FOR WHICH OP ORMED?	RATION					20. AUTOPS	Y?
INER: This certificate e certificate, writing the shauld be forwarded tilles. 3 should be used as or a should be used as or a should be used as or a should be used.	MEDICAL CERTIFICATION	210. EXTERNAL CO		HOUR	DF INJURY Month, D A.M. P.M.	ay, Year	1c. HOW INJURY O	CCURRED (Ente	er nature of i	njury in Part 1 o	r Port 2, Iter		
ICAL EXAMINER: This of the certificate, ctor. Page 4 shauld be fored for your files.  ECTOR: Page 3 should be unburial, cremation, or rem	MED	CAUSE OF DEATH  21d. INJURY OCCU  WHILE AT WORK AT			(At home, form, s		If. LOCATION Street	or R.F.D. No.		City or Town		County	Stote
AL EXA execute r. Poge I for you rook: Pag	1.5	22o. 1 c	ertify that I t				e, held on Auto				quiry 🔼		y opinion
pleose ex director. retained to DIRECTO or to bur		death res	ulted from:	Natural ca	uses A A	cident [],	) сні	Hamicide IEF MEDICAL E	XAMINER [	ndetermined (		159105	
O DEPUTY  DICAL EXAM  necessary, pleose execute the funerol director. Poge 4  5 may be retained for your  5 FUNERAL DIRECTOR: Page  Health prior to burial, crem		SIGNATURE EXAMINER'S	Dr. Bo	acce	Skitare	rilia M	DEF	PUTY MEDICAL	AL EXAMINER EXAMINER	X.		il 26, imberla	
TO DEPUTY necessary, the funero 5 moy be TO FUNERA Health pr	230	NAME (Type)  BURIAL, CREMATI PEMOVAL (Special	ON, 23b.	DATE	23c. NA	ME OF CEMETER	OR CREMATORY		23d. LOCA	TION (City or Tow	vn) (	(County) (S	itote)
ALC: NO	24	BUT 181	D			ADDRESS	Burial F		Cum?	berland	GISTRAR'S SI	gany.	Md.
VR A15ME (5)	J	ames F.	Scarpe	lli, C	umberlar	id, Ma.		DATAPR				By Young	K-

Vacca J. Largelli, Cumberland, Mg.

Tire of .wa	n'ioN	.A garas	0.0
Sires as again	7.5	Feb. 14,1896	· · · · · · · · · · · · · · · · · · ·
Allogany	A TOTAL OF THE STREET,	1.20	bus Cytail
Cared Carunn Hallroad	en . En ro on. 1.0	.dee	Cumbers.nad
sviru and t	Sunterland x	greno.I.	• 51
i. deber	Journal	HJok .	David David I
oth, Cumperland, MdMife	Are. Majel Ro	nemin - I	Till dog
Terrora Worsen	DO TEMINEOU		
araottica	COROMARY		
A A A A A A A A A A A A A A A A A A A		X	
x April 26, 1960 Rt. 9, Camberlane, L	10,4,5	Lernsing to boa	) = •°1.
Oumberland, Allegany	TOOK DEALER LAND	r. 29,1959 Hillo	Burdal

				1 8 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
al carl in the		224		
	metal in			
The want		• • •		*
omo viau emo				a secretari
	For Capers (1840)	.a. w websit	Au	
The world	3. (	n : c	-10	1. 7.
Lancedon Tales 1991	n. i	1.0-1.0		cu
AND SERVICE TO A				He your to
		HE OF THE ROLL FOR		
			MANAGE AND	

HEALTH DEPT.

and 3 to iny delay

in pencil in Item (8. saive loges 1,

This certificate should be executed within 24 hours after

## 04791

u.t.	O.T.	MEDIC	AL EXAMI	NER'S (	ERTIFICAT	E OF DE	ATH				
DECEASED-NAME     (Type or Print)	First		Middle		Lost		2a. DA	TE KNOWN	Month Day	y Year	2b. HOUR
(Type of Filli)	Harry		Franc	is	Rub	y		TH MATED	April	7, 1969	11A
3. SEX	4. RACE	S. DATE OF BIR	TH 6	S. AGE (In years	IF UNDER 1 YEA MONTHS DAY		ZC. DA	E PRONOUNCED			2d. HOUR
Male	White	March	1, 1887	82 birthday)	S. MONTHS DAT	HOUKS	And	cil 7.	Doy	Year 1969	11:00
70. BIRTHPLACE (SI	tote or foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. M	ARRIED NEVER	MARRIED	9. COUNTY OF	DEATH	Sheed		
country) Maj	ryland	U.S.	A.	WII	DOWED [	IVORCED _	Alle	egany			Md
10. CITY OR TOWN	OF DEATH		AME OF HOSPITAL				SUAL OCCUPATION			KIND OF BUS	
	umberland		rreet oddress) Balti				most of working	ervisor	officed.)	ounty I	Roads
130. USUAL RESID	ENCE (Where deceose	d lived, if institu	tion: Residence b			13d. INSIDE CITY I	100.01	REET AND NUMB	ER	- 5-11	1
odmission)	ryland	13b. CAUNTIE	gany	Flir	ntstone	YES N	10 X Re	oute #2			
14. FATHER'S NAME	First	Middle		Last	IS. MOTHER'S	MAIDEN NAME	First	Midd	ile	Last	
	John		Ru	by		Ca	therine			Ime	es
160. WAS DECEASED	EVER IN U.S. ARMED FO		16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	48.7		ADDRESS	2000		
(Yes, no, ar unkn	(If yes give w	ar or dotes of service)	214-36-	-7077	Grant I	. Ruby	. Rt.#2.	Flints	stone,	Md. (8	Son)
	OF DEATH (Enter only		ne far (o), (b), and	d (c).)	7.426 2			J. West	3 8 5 1	APPROXIMATE BETWEEN ONSET	
PART I	. DEATH WAS CAUSED	BY: E CAUSE (a)	COR	ONARY	OCCLUSI	ON				Sudder	n
41	09		AS A CONSEQUENC	E OF		45-120	20 May 19	BEW	31/34		1.350
	fany, which gave ediate cause (a),	(b)	CC	RONAR	Y SCLERO	SIS					
	underlying couse		AS A CONSEQUENC	E OF	See September	9110,5	Charles II	V F	3.47.11		100
last.	)	(c)						2.00			
PART 2. OTHE	R SIGNIFICANT CONDIT	IONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED	TO THE TERMINA	L DISEASE OR	CONDITION GIVEN	IN PART 1(a)			
z		PERMIT		3517		100					
190. DATE OF	OPERATION		19b. CONDITION F WAS PERFOR		PERATION			- 14 - 17		20. AUTOPS	(?
THE CONTRACTOR OF THE CONTRACT			WAS PERFUR							YES	NO X
	L CAUSE WAS		INJURY Month, Day	, Year	21c. HOW INJURY	OCCURRED (Er	nter nature of in	ury in Part 1 or	Part 2, Item	18.)	
CAUSE OF DE	OR CONTRIBUTING	P.		19							
- Lid. HOOKI		ACE OF INJURY (,	At home, form, str	eet,	21f. LOCATION Str	eet or R.F.D. No	. (	ity or Town	(	ounty	State
AT WORK	NOT WHILE TOCT	dry, diffice bolidin	g, etc.)		Like Sept			-			
22a.	I certify that I to	ok charge of t	he remoins des	cribed abo	ve, held an A	utopsy ,	Inspectio	n <b>XX</b> , Inq	uiry XX	and in m	ny opinion
death	resulted fram:	Notural cous	ses XX Acci	ident .	Suicide	, Homicio		determined n	nanner 🗍		
	1		111,		1	CHIEF MEDICAL	EXAMINER T	1	100		
ACTUAL SIGNATURE	Dene	dict	PRITA	relle	e/MD	ASSISTANT MED	ICAL EXAMINER		22b. DATE SIGN	NED	
EXAMINER'		V. ALI SIGN			11110	DEPUTY MEDICA	AL EXAMINER 5	3	April '	7, 196	9
NAME (Typ		ict Skit	arelic,	M.D.		ADDRESS(Street	t, city, town, or c	ounty) Cum	berlan	d. Mar	yland
23a. BURIAL, CREA	MATION, 23b.				Y OR CREMATOR			ON (City or Taw			tate)
Burial	pecity)	19/69	Bear	s Cov	e Method	ist Ce	m. Bear	ns Cove	, Bedf	ord, Pe	nna.
24. FUNERAL PARE	Wes & G	beler		DDRESS			D BY REGISTRAR		SISTRAR'S SIGN		
Charles	E. Hafer	,/230Ba]	Lto.Ave.	, Cumbe	rland, Mo	. ARK	9 1969	3 pur	ances &	noge	

VR A15ME (5) 10M REV. 1/68

5 may be retained for your files.

Heolth prior to buriol, cremation, or removol, and in ony event within 72 hours ofter death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

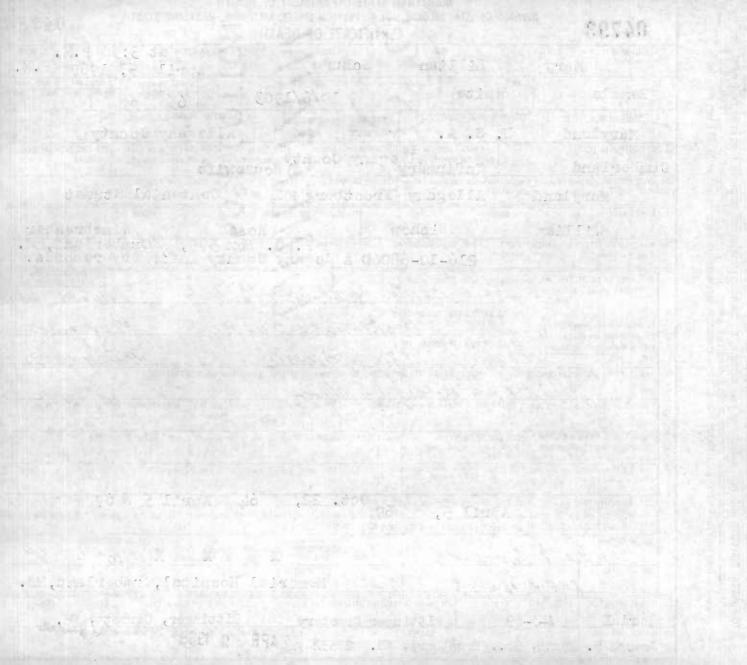
necessory, please execute the certificate, writing the word "pending"

DICAL EXAMINER:

	HACTORIATION OF	entra a notica a lo 2 pul Pol 210			. 3	
Agest 7, see	X	gauli	ulom s		7.3.	
at to	. Cran			rarch 1, 3		
	vyragaf Di			.4.5.0	busten	
utal yemiya latu	tost main brion	(201) auto	11 °		ARECT TO S	
	an winds. I	17 CR 161LF	Č.		buga siki	
	Outher ne		Ţŝto!		ruio -	
roel .P( .nhezt	de la companya de la	of fines) 1	T t me con	n E		0.1
stoleto l		мотенцово за				
ANT = 17 PM		Trecensor Thu	A TOUR		Age of the	
	·					
1000 1. 1760 1000 1. 14170						
	Ger. Beaug Gove					atro
450,000	S-1 666 E 19	A. B. B. D. Ofrad	an, sve	.041110		POLITO

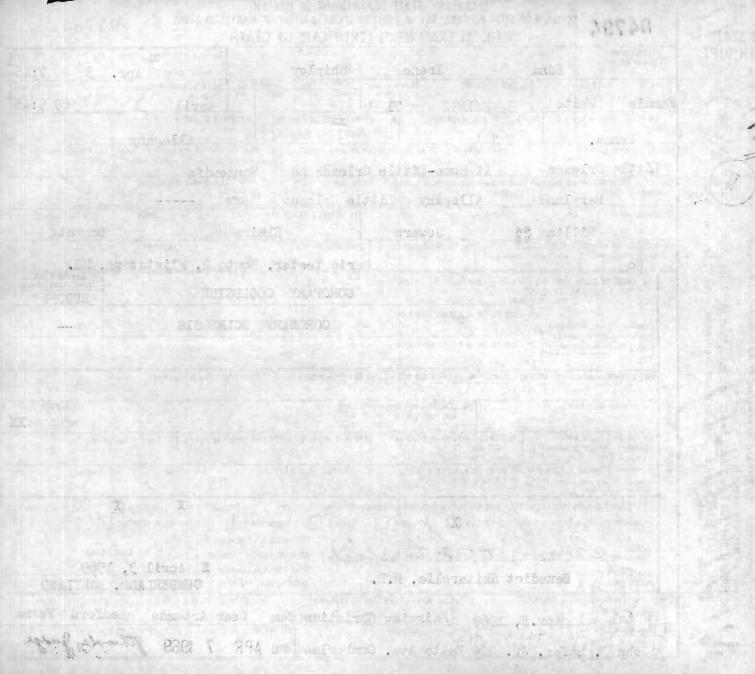
T.	MARTLAND STATE DEPARTMENT OF HEALTH
	04792 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04785
	CERTIFICATE OF DEATH
٠	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
eat and eat	John J. SCHLERETH 4 24 Year 2:25 PM
r d	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
afte ne f Jes afte	NAME WHITE (17 00 lost birthday) Months Days Hours Min.
PA T	
e executed within 24 haurs after death. And campletely filled throw the funeral remave carban papers. Pages 1 and 2 n any event, within 72 hours after death.	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
24 24 17 19 19 19 19 19 19 19 19 19 19 19 19 19	MAR YLAND U.S.A. WIDOWED DIVORCED ALLEGANY Md.
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mask of work done during mask of work in a life even if retired 100 INDUSTRY
The second of th	CUMBERLAND give street oddress   MEMORIAL HOSPITAL   during rest of working the chain tell of the chai
ed plet car	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare domission)  STAMARYLAND  13b. COLAYLEGANY  CUMBERLAND  YES X NO   13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  554 WINLERED RD, K
executed within d campletely fille	Odmission) STAMARYLAND 136 COUNTY LEGANY CUMBERLAND YES X NO 554 WINLFRED RD, &
and company in any	14. FATHER'S NAME First Middle Lost SCHI FRETH IS. MOTHER'S MAIDEN NAME First Middle GALSTER
a de la	AUGUST SCHLERETH MARY GALSTER
Sician please	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  MEMORIAL HOSPITAL  Address CUMBERLAND, MD.
200	Yes, no, or unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL CUMBERLAND, MD.
ne death certify attending phy permit. Then p	1B. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t ding	PART I. DEATH WAS CAUSED BY:
attendi permit.	IMMEDIATE CAUSE (a)
that the d an. by the att ransit perr	Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Lyonardial February 15 400
at th mo	rise to immediate couse (a),
tha ian. I by tran	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF her tous her tous her tous her tous
equires that the physician. signed by the burial-transit burial, cremat	
- a	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
PHYSICIAN: The law re he hospital ar attending this certificate has been lefached far use as the Bept. af Health priar ta	S A STATE OF THE WEST OF THE W
e la ten ten ts b as as	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES NO CAUSES OF DEATH?
IAN: The rate of ficate had far use the alth it.	YES NO CAUSES OF DEATHS
cate dar dea	
piter principal de la company	(If either, notify medical examiner)   P.M. 19
HYS hos s ce sche	
DING PHYSIC by the hospi ifter this certi be detached State Dept. a	at wark at wark
IDING d by t After d be c	22a. I certify that (I) (this haspital) attended the deceased from, 19 48, ta 4/24, 19 64, that/(I) (we) last saw the deceased alive on, 19 69, and that in(my) (our) opinion death occurred on the date and hour and from the
du Hed He S	saw the deceased alive on 4124 1967, and that in my (our) opinion death occyfred on the date and hour and from the couses stated aleave, (i) (we) (did) (did not) view the body after death.
ATTEND etained CTOR: A should vith the	
OR ATTENDING PHYSICIAL be retained by the hospital SIRECTOR: After this certifice e 3 should be detached far ed with the State Dept. af H	ATTENDING OF MED. STAFF
be be	
may be RAL DIR RAL DIR	22d. PHYSICIAN'S DR. S. G. WEISMAN 22e. ADDRESS CUMBERLAND, MD.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 should shauld be filed with the	
D HOSP Page 4 1 D FUNEI director shauld	23d. BURIAL CREMATION, BUT 14-2 8-1969  23c. NAME OF CEMETERY OR CREMATORY  St. Mary's Cemetery  23d. LOCATION (City or Town) (County) (Store)  Cumberland, Allegany, Md.
5- 5- 0	
VR A15 417	James F. Scarpelli, Cumberland, Md.  ADDRESS DATPR 2 9 1969  25b. REGISTRAR SIGNATURE  (Climber Signature)
45M - 1/49	DATE IN 29 1359 CONTRACTOR OF THE PARTY OF T

						04792
		HT3	03.100		199	
		80-1	[-	371.77	teneroerales	17 1 × 9
	VILADBILIA		, <u>, , , , , , , , , , , , , , , , , , </u>		W.S.N.	OUAL OUT
24979. [1]	olkersell be	if Joil	JAT 1920	H JAIROUH		
EATS.Ma		YDAK		ranaulica	Te	BELIA
n entante, le.	145 JAT1	480%	190131			OH CH
	. Cz., cin	LINE RULUS		HALLS		
.bh, yamar 1	enterina,	, v.	g Cemetar	1 724 +3	2 8-1969	
		n e . 894				Junea F. Sonry



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04787 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-Poge Edna Shipley ent of Irene :45 M DEATH MATED Apr. delay IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. F Year White Female 3/8/1898 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Pages 1, form WIDOWED [ DIVORCED [ Penna. Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done after deoth 12b. KIND OF BUSINESS OR At Home-Little Orleans Md during most of working life, even if retired.) INDUSTRY Little Orleans Give Housewife 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Allegany Little Orleans No Dx 24 hours Item 1 Office, after 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME Middle William 35 Sowers Elmira Bennett .= the Chief Medical Exominer's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** within (Yes, no, or unknown) (If yes give war or dates of service) Marie Teeter. Route 2. Flintstone, Md. File APPROXIMATE INTERVAL be executed event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit CORONARY SCLEROSIS Conditions, if ony, which gove rise to immediate couse (a). ony necessory, please execute the certificate, writing the word the funeral director. Page 4 should be forwarded to the Ch certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This ( NO KX YES [ pe 0 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should HOUR A.M PRIMARY OR CONTRIBUTING burial, cremation, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) moy be retained tor your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taok charge of the remains described obove, held an Autapsy , Inspection X Inquiry X. and in my opinion death resulted fram: Natural causes X. Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE \_ DEPUTY MEDICAL EXAMINER 3 April 3. 1969 **EXAMINER'S** Heolth Benedict Skitarelic. M.D. NAME (Type) ADDRESS(Street, city, town, or OUMBERLAND . MARYLAND 50 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Bedford Penna Fairview Christian Cem Near Artemas 1969 **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15ME (5) 230 Balto Ave. Cumberland Md APR 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04788	
	CERTIFICATE OF DEATH	-obt
	1. DECEASED-NAME (Type or print)  GLENNA  Middle  Lost  APRIL  Month 29  Doy 1 96 Per 1  6:	HOUR 30A
	3. SEX FEMALE  4. RACE S. DATE OF BIRTH 6. AGE (In years lift under 1 year lift under 2 logs birthdoy) 7. Months Days Hours 8. Months D	-
	70. BIRTHPLACE (Stote or foreign country)  MARYLAND  75. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH  ALLEGANY	As a
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  CLIMBERIAND  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  INDUSTRY	OR
1	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MD. 13b. COUNTY ALLEGANY CUMBERLANDYES X NO 507 WARREN ST.	
Ī	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	-
1	GEORGE'S MCDONALD ERMA E. ATHEY	
1	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 10 (If yes give wor or dates of service) 110. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 117. INFORMANT 12. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 12. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 12. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 13. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 14. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 15. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 16. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 16. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 17. OR MANUAL HOSPITAL CHIMBERLAND AND ADDRESS 18. OR MANUAL HOSPITAL CH	
-	19 CALISE OF DEATH (Controlled to the Controlled	•
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO, OR AS A CONSEQUENCE OF isse to immediate couse (o).  Stoting the underlying couse (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	mo.
1	190. DAJE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21c. ACCIDENT WAS UNDERLYING 121b TIME OF INJURY 21c. HOW INJURY OCCURRED (Fator potum of injury) in Boot 1 or Part 2 throw 182	
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19	
	While Not while of work OFFICE BUILDING, ETC	ote
	22a. I certify that (I) (this hospital) attended the deceased from, 19, ta, 19, that (I) (we saw the deceased alive on	e) last m the
	22b. SIGNATURE  ATTENDING  DEGREE ATTENDING  DIRECTOR D STAFF  PHYS. D  22c. DATE SIGNED	
	22d. PHYSICIAN'S TOR. MIRKIN  22e. ADDRESS  CUMBERLAND, MD.	
L	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  Surset Memorial Park Cumberland Allegany Marylar	nd
	24. FUNERAL DIRECTOR  ADDRESS  21502  250. REC'D BY REGISTRAR SIGNATURE  250. REC'D BY REGISTRAR SIGNATURE  250. REC'D BY REGISTRAR SIGNATURE	
2	Silcox-Merritt Funeral Service. Cumberland, Md MAY 5 1969 Cumber	

Service of the servic		04795
		5.1
16-21-31	1.1	83,5294
PARTIE DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE	ARU	Qualy 9AB
ecolos a consulargue i dan I	1801 18120 34	CURSIEM, AND
งาร การทรงหนาย เป็น น้ำแกนที่สาก	Ala   YIIASALIM	• 4
AND		LOSO
TERRORIAL - 10 Train, Cumment, And, 12.		9
	erikan dali sekinedi limi de deno estra di Salas di 18	
element of the control of the contro	3,1071	
e Pont Caracter and Caracter an	anan seemal	Part I SALA

8c	Items5,7,23	0479	N OF VITAL RECORDS	5, 301 W. PRESTON STR	REET, BALTIMORE, DEATH	MARYLAND 21201	04789
	DECEASED-NAME (Type or print)	First PHILIP	Middle	SMITH		APRIL Pay	1°969 5:40
L	MALE	4. RACE	WHITE	S. DATE OF BIR		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
Po	BIRTHPLACE (State or for untry)	4 U	OF WHAT COUNTRY? SA		CED AL	TY OF DEATH LEGANY	Mo
	CUMBERLA	ND	"MEMO'R" TAL	NSTITUTION (If not in hospital HOSPITAL	12o. USUAL OCCUPA during mast af wa	ATION (Kind of work dane irking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
odr	mission) STATE W •	VA. 13b. COU	nstitution: Residence befare INTY	PAW PAW	YES NO	3e. STREET AND NUMBER	
14.	FATHER'S NAME Firs	st Mid	ddle Last	IS. MOTHER'S MAI	IDEN NAME First	Middle	Lost
16	o. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FORCES? (If yes give war or dates of sen	16b. SOCIAL SECURITY		L HOSPIT	AL, CUMBERLA	ND, MD.
NC	ESCHOOL STATE	ch gave use (a).  DUE TO (conditions conditions conditions)		NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(o)	
CERTIFICATION	190. DATE OF OPERATION		OR WHICH OPERATION WAS P	ERFORMED 20a. AUTOP YES		Ob. IF YES, WERE FINDINGS CO AUSES OF DEATH?	NSIDERED IN CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAN (If either, natify medico	HOUR (1997) 121e. PLACE OF IN.		19		of injury in Part 1 ar Part 2, Ite	em 18.)
	saw the dece	(I) (this hospital	attended the deseated (did) (did not) view the	sed fram ### ################################	, 19, to	ath accurred on the date	(1) (We) los
230	22d. PHYSIDAN'S NAME (Type) DR BURIAL, CREMATION, REMOVAL (Specify)	R. J.  23b. DATE 14/20/196		DEGREE PHYS.  22e. ADDR 122  CEMETERY OR CREMATORY  Hill Cemeter	S. CENTR	RE ST., CUME	1 25/48
	FUNERAL DIRECTOR		ADDRES	5	2So. REC'D BY REGISTR DATE APR 2 8	AR 2Sb. REGISTRAR'S SI	IGNATURE

						P. 4" 0	0	
1200	1.7	Total						
					3.03		2.104	
		ALLEGANT						
				JATT 1920H	I IAG	34	DRA LITERALE.	
				WAS WAS			AV .WE S	
	HAJ95	OSELIAE, CUID	H DATE	TORIGH.				
	dulas.	CENTRE ST.,				211/	9 ,10	
							I email as que	

	04797		ORDS, 301 W. PRESTON STR	REET, BALTIMORE, MARY	'LAND 21201	
			CERTIFICATE OF	DEATH		04790
1.	DECEASED-NAME (Type or print) WALT	rst Middl ER THOMA		20. DATE OF DI		2b. норя 1969 10:55
1	MALE	4. RACE WHITE	S. DATE OF BIR	RTH 6		NDER I YEAR IF UNDER 24 HRS.
	b. BIRTHPLACE (Stote or foreign puntry) MARYLAND, Bar				EGANY	M
2	CUMBERLAND	give street address) SACRED	LOR INSTITUTION (If not in hospital HEART HOSPITAL	120. USUAL OCCUPATION (K during most of working lif RET   RET	ind of work done of the control of work done	26. KIND OF BUSINESS OR ROCKET Plan
13 ad	lo. USUAL RESIDENCE (Where dec Imission) STATE MARYLAND	eosed lived, if institution: Residence 13b. COUNTY ALLEGANY	before 13c. CITY OR TOWN  CRESAPTOWN	VICED NO.	#6 REDWOOD	ST.
14	FATHER'S NAME First THOMAS	Middle	Lost 1S. MOTHER'S MAI		Middle	LYONS
10	oo. WAS DECEASED EVER IN U.S., Yes, no, or unknown) (1f yes g	ARMED FORCES? ve wor or dates of service)  16b. SOCIAL SE 213-0	CURITY NO. 17. INFORMANT SACRED I	HEART HOSPITAL	Address 900 SET	
NOILV	Conditions, if ony, which governse to immediate cause (costoting the underlying causest.  PART 2. OTHER SIGNIFICANT	DIATE CAUSE (o)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	teral Lober Processing of the terminal was performed 200. Autop	DISEASE OR CONDITION GIVEN II	S, WERE FINDINGS CONSID	BETWEEN ONSET AND DEATH  5 days  DERED IN CERTIFYING
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF CAUSE	DEATH HOUR A.M. Month Doy miner) P.M.	Yeor 19	NO CAUSES OF	100	18.)
AME	While of work	Te. PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING,	IREET, FACTORY.) 21f. LOCATION Street eccessed fram Marc		pr11 819 6 curred on the date o	
23		PAGAN, M.D.  b. DATE 4/12/69  Hill	DEGREE ATTENDING PHYS.  22e. ADDR 1 068  ME OF CEMETERY OR CREMATORY  Crest Burial Par	DIRECTOR F	1115.	0-69 , MD, 21502
24	FUNERAL DIRECTOR GEORGE FUNERAL		DORESS ST. D. MD. 21502	PR 1 4 1969	25b CREATE SIGN	Allet de .

A CHI BALLBII

		STORY OF THE			16190
5, 1960 10:59	AFFIL	5.1174	THUMAS	.ET.	Iv 1
	55	1-5-11-	271	H	NLE
	PLLECKIY			NOU modes	ENATAKON.
MA KRADOV - H	REFIRED TECH.	JATI420H	SPERED HEALT		CIMPERLAID
NICO ST.	X .TT. PE	ESAPTUVI,	LEGA Y CR		HATATA
LYGMS	31Hi.A		HTIKS		THOMPS
00 SET IN D. 1 215	TH STITPL CUT	SACRED HEA	213 -03 -41740		- N
		mens wodo.	Bildweigl		
2.07					
		AD SAN	2		
23.01.4		X Maria		1.583	
, cumu., 115. 21502	ATL HY Y., LA PLE,	01	.(	PAGEN, N.	.^L
his the same of the	Cumbestani,				
		21502	GALFIE, ST.	L HO E 202	SEURGE FUNERA

/	1	MARTIAND STATE DEPARTMENT OF HEALTH  14798 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04791
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Lost 20 DATE KNOWN Month D	lov Yeor 2b. HOUR
2, and 3 ta PM3. Page	,	Louis C. Soethe DEATH AMERICAN APPRIL	2 19 69 9: B
elay id 3 . Po	3. 5	5. DATE OF BIRTH 6. AGE (III WORKE 1 FAME 24 HRS. 2c. DATE PRONOUNCED DEAD 15 WORKE 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
P M3		ale White Sept 3, 1922 46 VRS. April 2 19	969 19 9:05PM
E 2	7o.	try)	
for after after a		Md. USA WIDOWED DIVORCED Allegany  ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12)	Mc
deal deal with with	10.0	give street oddress) during most of working life, even if retired.)	DUSTRY
Give ng nh th th.	130.	give street oddress)    Memorial Hospital DOA   Sales Representat     USUAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c. CTY OR 10WN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	F'ood
s af	0	dmission) STATE NO 13b. COUNTY Allegany Cumberland YES NO   672 Fayette	
hours after death any delay is them 18. Give Pages 1, 2, and 3 to 10 bitce along with farm PM3. Page 1 and 2 with the State Department of after death.	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
4 4 m 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		William Louis Soethe Mary	Brookman
nin 24 mail in minning pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
with per xam		No 213-12-9985 Mrs. Marian Soethe, Cu	
ted " in in in it. F		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding Nedic		IMMEDIATE CAUSE (a) COFONARY OCCLUSION	SUDDEN
e e e per pen ef N ef N sit p		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )  CORONTARY THROWROSTS	10
ld b rd r Chii		rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	•
shauld be executed wi sward "pending" in pe the Chief Medical Exa urial-transit permit. File in any event within 72		lost. (c) CORONARY SCLEROSIS	
INER: This certificate shauld be executed within 24 hours after death be certificate, writing the ward "pending" in percil in Nem 18. Give Pages 1, shauld be farwarded to the Chief Medical Examinated Office along with farm files.  3 shauld be used as a burial-transit permit. File pages I and 2 with the State Denation, ar remayal, and in any event within 72 haurs after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica ting rrdec as as	z		
is certific te, writing farwarde e used as remaval,	CATIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
this ate, be the	RTIFI		YES X NO
t: Th rrifica ild be iuld b	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  210. TIME OF INJURY Month, Doy, Year HOUR A.M.  P.M. 19	18.)
INER: e cert shaul files. 3 shau	MEDIC	ALL WHILE ACCURAGE	County Stote
AMI e th our our rem		WHILE AT WORK AT WORK	County Stole
To DEPUTY SICAL EXAMINER: necessary, please execute the certifithe funeral director. Page 4 shauld 5 may be retained far your files. O FUNERAL DIRECTOR: Page 3 shauld health priar to burial, cremation.		22a. I certify that I taak charge of the remains described abave, held an Autapsy X Inspection X Inquiry X,	and in my apinian
exe or. I od fo CTOF		death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	
TY please rad direct sat Direct priar to a		CHIEF MEDICAL EXAMINER	
Al Dia		SIGNATURE Seriedict Skitarelia M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	SNED
Sary Sary Uner V be VER	7	DEPLITY MEDICAL EVAMINED	2, 1969
o DEPUTY SICA necessary, please est the funeral director. 5 may be retained be FUNERAL DIRECTOR Health prior to burners t		NAME (Type) DENEDICT SKITARELIC, M.D. ADDRESS(Street, city, fown, or county)	Md.
01 = 20 H		BURIAL, CREMATORY 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C REMOVAL (Specify)	ounty) (Stote)
A STATE OF THE STA	24.	Burial 4/7/69 St. Peter&Paul Cem. Cumberland Alle FUNERAL DIRECTOR PLANE ADDRESS 256. RECTO BY REGISTRAR 256. REGISTRAR 5 SIG	gany Md.
VR A15ME (5)		0 71 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TUM KEY. 1/08	_	William G. Right Cumberland, Md. DAMPR 8 1959 Thousand	- Judge

	Mary and the second of the sec	To my lates and the		10000 205	<b>X</b> 0
		.5			
inie caer, s i Pe				orthu	
gany	LL.		OLA	.bil	
igeontat. Food	ol-ors Sales Her			rland	o Janua
Payotte St.	272	ury Curibe	Alleg		
unhado x4	77.6%	uiinos	13.50 £	makiriw	
oetho, Curbertand,					of
indust.	_ norsumposym	истор.			
	STEOMAGNET YNAS	DROD CORU			
e of the same pro-	BIRD RIDE VALUE				
AFAIR 2, 1969 demograph and and		u.a. (Ondo).	atild toi	urnasa	
land allogeny Hd.					
0.8.19	on one of the state of the stat	, bankraans	onp.	alone C. Ko	101

04799	DIAISION C		CERTIFICATE OF D		, MAKYLAND 2120	047	92
	First NARY	Middle	SOLOMON last		APRIL 2	5 <sup>Doy</sup> 6 <sup>Year</sup>	2b. HOUR 8:10 M
3. SEX FEMALE		HITE	S. DATE OF BIRT		6. AGE (In years last birthsley)	IF UNDER 1 YEAR MONTHS DAYS YRS.	1F UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or fare cauntry) WEST VA.	USA	WHAT COUNTRY?	B. MARRIED NEVER MARRIE WIDOWED DIVORCE	9. COUN	ITY OF DEATH		Md
10. CITY OR TOWN OF DEATH CUMBERLAN	ID, MD. giv	ve streSACRED H	STITUTION (If not in hospital EART HOSPITAL	12a. USUAL OCCUP during may at we	PATION (Kind of work do arking life, even if retire	ane 12b. KIND OF E	RUSINESS OR
13a. USUAL RESIDENCE (When admission) STATE MAR	e deceased lived, if insti RYLAND 13b. COUNTY	tution: Residence before AL LEGANY		I. INSIDE CITY LIMITS?	13e. STREET AND NUMBER RT. #2 BO		
14. FATHER'S NAME First	IN W.	CALH!	OUN IS. MOTHER'S MAID	EN NAME First SARAH	FRANCE		last ?
16a. WAS DECEASED EVER IN Yes, na, or unknown)	U.S. ARMED FORCES? If yes give war or dates of service)	16b SOCIAL SECURITY	NO. 17. INFORMANT PTS CHART		SACRED HEAD	RT HOSPITA	L
PART I. DEATH WA	(Enter anly ane cause per S CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).	e - he	h le marche	notes forto	502 APPROXIM BETWEEN ON	ISET AND UEATH
Canditians, if any, which	DUE TO, OI	R AS A CONSEQUENCE OF		iteroal	Carpei	10 9	
rise ta immediate cau stating the underlying last.	DUE TO, OI	R AS A CONSEQUENCE OF					
Klinke	CANT CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D		GIVEN IN PART 1(a)		
190. DATE OF OPERATION		VHICH OPERATION WAS PE		Y? :	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN CEI	RTIFYING
21a. ACCIDENT WAS UN    OR CONTRIBUTING   CAU   Clif either, notify medica	ISE OF DEATH HOUR A.N	1. Manth Day Year	21c. HOW INJURY OCCUR	RED (Enter nature o	af injury in Part 1 ar Par	t 2, Item IB.)	
21d. INJURY OCCURRED While Not while at wark	21e PLACE OF INIURY		TORY.) 21f. LOCATION Street a	r R.F.D. Na.	City ar Tawn	Caunty	State
220. I certify that saw the decer	(I) (this haspital) a ased alive an abave (I) (we)(dic	ttended the decease	d fram, and that in (my) body ofter death.	, 19 <u>08</u> , to (our) opinion de	o_ 4/2 y, eath occurred on the	19 <u>69</u> , that e date ond hour a	()) (we) last and from the
22b. SIGNATURE	Meis	1 mar	DEGREE ATTENDING PHYS.	/	CTAFF	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) S	.G. WEISMAN	I, M.D.	22e. ADDRES	6	ENE ST., CI	UMB., MD.	21502
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 24/27/69		CEMETERY OR CREMATORY		OCATION (City or Town)	(County)	(State)
24. FUNERAL DIRECTOR TO HAFER -SOW	ERS FUNERAL	Wers 50 ADDRESS. HOME FROS	MAIN ST., 2S	APR 2 9	1969 2Sb. REGISTR	AR'S SIGNATURE	e.

MARYLAND STATE DEPARTMENT OF HEALTH

1575							
11:0	Arall 25		Software	, [		YEAH	
			9-22-0	3 r	111	3.14#	33
	YMMÐ.	777			n 2 )	ST !	= 1
BIIDH		HILE	T HOSPITIL	SECTED HEAT	.01	8811769,	MIJ
	17.,2 JCX JC	<	FROSTJULIG	L Lichity	\K	MALYLA	
1101		HILLS		CFLHE	, /	MHOL	
SCUTTE, IN	\$000 5 THEPLT H		TTAHD ETT				011
					NEW YE		
Ma. 21502	ENE ST., CUMB.,	50 67		.(.)	WEISMAM,	5.0.	
	ndek , Tobiliz				697.507		
	680			STEDIE BRO	FUNERAL H	2.4F / 3- a	13 H

MAKTLAND STATE DEPAKTMENT OF HEALTH

The state of the s		00840
A leave of firm a committee		
35 11 6165/02/11	. Liste	
	AEUBA.	
		MULTODERO
The second of the second	tra selfa	*
The state of the s	Terrent	Dalli
-1775 The Manney Lance of the	01-08	
	White he	

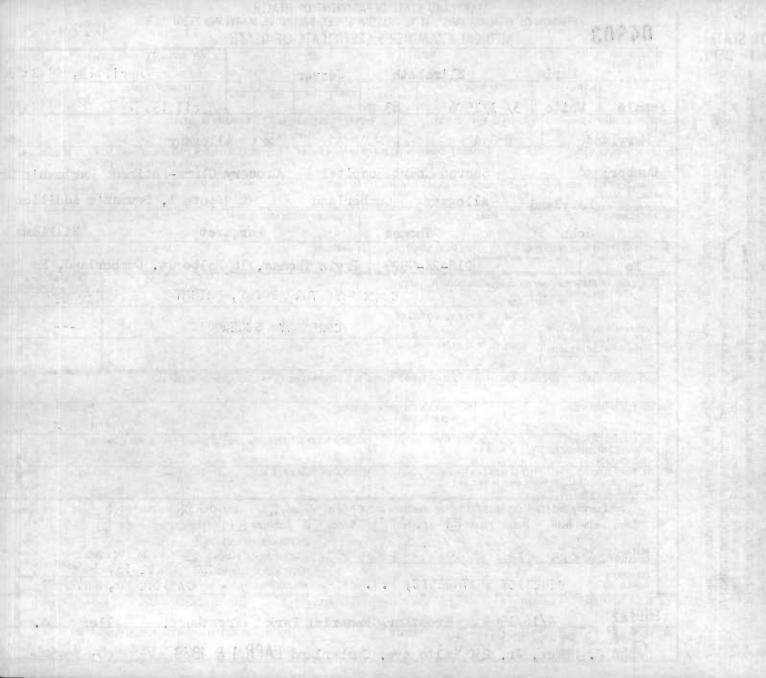
MARYLAND STATE DEPARTMENT OF HEALTH

0.00						10020
1959		1		, ,	7	
	33	2011, 22, 50		0.7.5.0		elak
		X			J has	c- 4)
60 F 60 G 7 7 7 7	120 05	, co. 1	* ///// * * * * * * * * * * * * * * * *	2		a mission
· CYA	instress 400	otill Brough	radios"			
y (y an an tu agin		o. <sup>r</sup> y	1	au e	77 = 1	
.81	o Tr	Lib gale	ب وبالد	7 200	2	EC
	* 3. 4 C C				, ,	
and the second	(C. 10 EPT : 10 C.				2/12/	
	4		* 1 60 U	Total I		Oledani.

1	04795
death.	1. DECEASED-NAME (Type or print) First Middle P. WALTERS 20. DATE OF DEATH APRIL Month 16 Doy 1969 25. HOUR APRIL Month 16 Doy 1969 25. HOUR APRIL MONTH 16 DOY 1969 26. HOUR APRIL MONTH 16 DOY 1969 26. HOUR APRIL MONTH 16 DOY 1969 26. HOUR APRIL MONTH 16 DOY 1969 27. HOUR APRIL MONTH 16 DOY 1969
s after	3. SEX MALE  4. RACE WHITE  5. DATE OF BURTH 4. TE STATE OF BURTH 4. RACE In years lift under 24 HRS. MONTHS DAYS HOURS MIN.
24 hau d in by pers. 72 hau	7a. BIRTHPLACE (State or foreign country)  PENNA.  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH  ALLEGANY  Md.
cuted within sompletely fille ve carban par event, within	10. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.)  12b. KIND OF BUSINESS OR UNDUSTRY.  11 TO CO.
complet save car (event,	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission)  STATE PENNA.  130. COUNTY  Bedford Co.  CLEARVILE  131. CITY OR TOWN  132. INSIDE CITY LIMITS?  ROUTE  132. STREET AND NUMBER  ROUTE
certificate be executed within 24 haurs after a physician and completely filled in by the then please remave carban papers. Pages moval, and in any event, within 72 haurs after	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost HEZEKIAH WALTERS RACHEL WILKINSON
rificate by procession please val, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) NO  16b. SOCIAL SECURITY NO. 17. INFORMANT Address  17. Uniformant Address  17. Uniformant Address  CUMBERLAND, MD.
ICIAN: The law requires that the death pital or attending physician. Tificate has been signed by the attending of ar use as the burial-transit permit. I af Health priar ta burial, crematian, ar rer	18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING  19c. CONTRIBUTING CAUSE OF DEATH  (Iff either, notify medical examiner)  21b. TIME OF INJURY  HOUR A.M. Month Day Year  P.M.  19  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
	21d. INJURY OCCURRED While at wark 22a. I certify that (I) (this haspital) attended the deceased from 24 / 16, 19 67, that (II) (we) last saw the deceased alive an 19 4, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above (II) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE DEGREE ATTENDING PHYS. 22c. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) DR. WEISMAN 22e. ADDRESS CUMBERLAND, MD.
TO HOSPITAL Page 4 may Page 4 may TO FUNERAL director, page 4 may Aspendit Page 6 ft.	230. BURIAL, CREMATION, REMOVAL (Specify)  8UT181  23L DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  Changysville MethCem Bedford Co., Pa.  24. FUNERAL DIRECTOR CONNER FUNERAL HOME EVERETT, PA.  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATAPR 2 1 1969  CHANGE OF CEMETERY OR CREMATORY 250. REC'D BY REGISTRAR'S SIGNATURE DATAPR 2 1 1969  CHANGE OF CEMETERY OR CREMATORY 250. DATAPR 2 1 1969  CHANGE OF CEMETERY OR CREMATORY 250. REC'D BY REGISTRAR'S SIGNATURE DATAPR 2 1 1969

01:2 03:1	l - ilahan	2.10	M	ISSELL		
	\$.					3441
	Y 452 1.14.			MELL		
3217	Restode	Jan 1920	TALRE I		or.Adma	MUS
	1 31000 ×	3.121.63	520 . 65	01:10	A 41.5 %	
MITHIERON	ed to		3-37.34		ў , ф., , , ф., , , , , , , , , , , , , , , , , , , ,	
.ou .owa.mid	105 LATIA20	H_IONIAN	2-12-3352	7:		oil
	400	113915		HAMELE	A ROTTE	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04796 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME HEALTH DEPT. First Middle 20. DATE KNOWNKY Month 2b. HOUR Doy Yeor (Type or Print) ESTI-Poge d. Elizabeth 2:37M Marie DEATH MATED [ April Weaver deloy and 3 1 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. 3/ 1/1906 the Stote Departh Female White 63 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Maryland Maryland Give Pages 1, WIDOWED [ USA Allegany 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR after deoth Office olong with give street oddress)
Sacred Heart Hospital during most of working life, even if retired.) INDUSTRY Cumberland Grocery Clerk-Retired Hartman's Gr pages lond 2 with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Allegany odmission) STATE Item 18. Cumberland YES NO Route 1. Bowman's Addition be executed within 24 hours ofter Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle First Middle Margaret Williams John Thomas hours Examiner's pencil vo 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Irvin Thomas, 16 Balto St. Cumberland, Md 218-24-7929 within .= 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. the Chief Medicol BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS, RIGHT SUDDEN IMMEDIATE CAUSE (o)\_ DUF TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Conditions, if ony, which gove rise to immediate couse (a). certificate should please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔀 NO | pe should be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should l MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection X. Inquiry X, ond in my opinion Accident . Suicide . Homicide deoth resulted from: Notural couses (A) Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER APRIL 13, 1969 DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Heolth **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or comby MBERLAND , MARYLAND NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Frostburg Memorial Park
ADDRESS | 250. REC'D Frostburg Alleg 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68 Ittlianter Judge Balto Ave. Cumberland DAMAPR



MARYLAND STATE DEPARTMENT OF HEALTH 04804 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04797 DECEASED-NAME Middle C Lay Last HENRY 2a. DATE OF DEATH death. executed within 24 haurs after death uneral 1 and (Type or print) Month 1 WHITE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MALE lost birthday) WHITE MONTHS DAYS 8-5-1888 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH cauntry) W. VA. U. S. A. DIVORCED [ ALLEGANY WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane within 12b, KIND OF BUSINESS OR give street oddres CUMBERLAND HOSPITA most of working life, even if retired.) Brewery and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare | 13c. CITY OR TOWN 13e. STREET AND NUMBERValley View Dr. 13d. INSIDE CITY LIMITS? MARYLAND3b. COUNTYALLEGANY CRESAPTOWNES BOX 162 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First First Middle Lost MADISON WHITE ELIZABETH WHITE attending physician permit. Then please PHYSICIAN: The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no ar unknown) MEMORIAL HOSPITAL - CUMBERLAND, MD. burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) motostate Corcinona Conditions, if any, which gave ) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse 410. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. City or Tawn County While Nat while at work TO HOSPITAL OR ATTENDING Page 4 may be retained by th director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MA DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 412 NAME (Type) DR. HIMMLER MECHANIC ST. CUMBERLAND 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) BENOVAL (Specify) 4/15/69 Hillcrest Burial Park Md. Cumberland. 24. FUNERAL DIRECTOR H. Wayne George Cumberland, Maryland

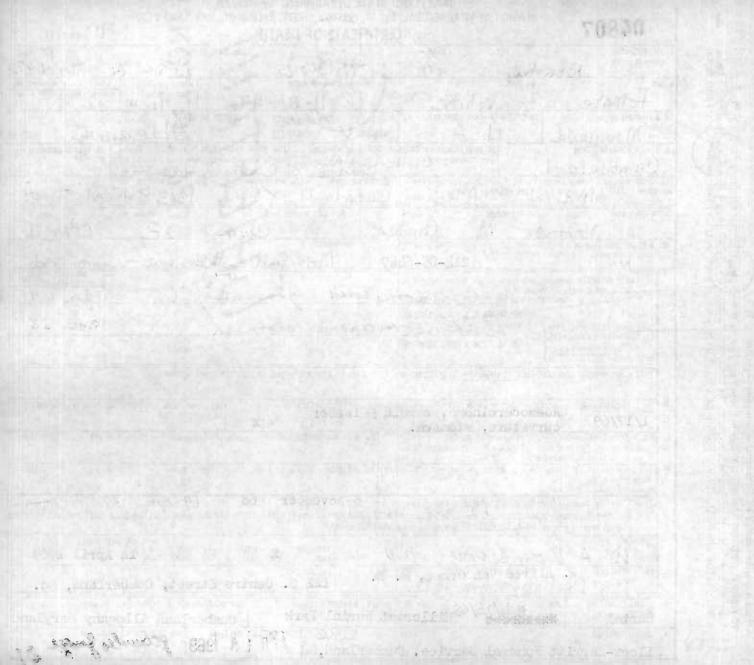
			2 et 1 200 (100 (100 (100 (100 (100 (100 (10		\$
12 60 21		ī. į į	hv.	a wina	
	08 8		3116		3.304
	AL EEVELY	У.	T.A.	.2 .0	.4.7 .1
	7,540				MAJFROMO
	CONTRACTOR OF THE PARTY OF THE	A MAGTERALS	ALLE ALLE CR	CALIFORNIA IVA	W.
( 3 1 1 mo.)	A CLEATING		5 1	11 2011	A
	CSP17AL - CHRI				, W
	53. 73° ( ) ( ) ( ) ( ) ( ) ( )				
	<b>y</b>				
	17/2 52	1341	10 / 57	*	
	n HEOMAINC SI				
	() 15 - 15 S				

	Table 2.		plans	
1107)	ot\si			T Margare
Un Stop II		ministra		

<b>%</b> 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	04799
deoth.	1. DECEASED-NAME (Type or print) ROSEMARY E. WILHELM 20. DATE OF DEATH Month 4 Doy 1 Yeor69 A.M.
be executed within 24 hours after and completely filled in by the fure e remove carbon papers, Peges 1 in any event, within 72 hours after	3. SEX FEMALE  4. RACE WHITE  5. DATE OF BIRTH S-9-1913  6. AGE (In years lift under 1 year if funder 24 hr miles and 1 years lost birthdoy) The second of t
d in by	76. CITIZEN OF WHAT COUNTRY?  U. S. A.  8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED P  9. COUNTY OF DEATH ALLEGANY
within 24 ho	10. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)  MEMORIAL HOSPITAL OCCUPATION (Kind of work done give street oddress)  MEMORIAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOUSE WIFE
s executed withing and completely fremove corbon any event, with	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MARYLAND 13b. COUNTY ALLEGANY FROSTBUR GYMD. NO 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 124 WASHINGTON ST.,
cian and cease remo	14. FATHER'S NAME First Middle Lost PURBAUGH TERESA COLLINS
rificate ohysicia in plea: val, on	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  16b. SOCIAL SECURITY NO. 214-07-2437  177. INFORMANT  Address  MEMORIAL HOSPITAL - CUMBERLAND, MD.
ATTENDING PHYSICIAN: The low requires that the death certificate be exected by the hospital or attending physician.  CTOR: After this certificate has been signed by the attending physician and constructed for use as the burial-transit permit. Then please removith the State Dept. of Health prior to burial, cremation, or removal, and in any	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o).  Stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART (A)  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYIN
TO HOSPITAL OR Poge 4 may be ra TO FUNERAL DIRE director, page 3 should be filed w	220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (this hospitol) attended the deceased fram  220. I certify that (I) (the) (this hospitol) attended the deceased fram  220. I certify that (I) (the)
45M - 11680	JOSEPH R. DURST, FROSTBURG, MD. 21532 DATE APR 7 1969 JOURNES JULY

	H1430 (0.314)		( ) ( )	
./ 60 1 4-1	7.157.41	e wi	YA. I L	
	(101-6-8)		HW BLA	
Y W	WILLA	A	JUAN TA	
	JAT PROF	Almos	DERLAND	M.S
HOTELTREAM	Thur a, M. and the	ZUNE YHAZELLA	غ الله الله الله الله الله الله الله الل	
3814,400	A2 1 7 2 7	HOUAUNDS	EARL	
. con il en mailres.		s , may make ,		
		The second		
ST., COMBERLAND,	122 S. CENTRE	ZWAT LUT I'V	1.7 . 1 20	
		HAMME TO BE	has my	
	APR 7 198			

1			ID STATE DEPARTMENT OF		
	04807		301 W. PRESTON STREET, BAL		0.00
	04001		CERTIFICATE OF DEATH		04800
		rst Middle-	Lost	2a. DATE OF DEATH	2b. HOUR
	(Type or print) Be	retha M.	WILKENS	A Month C Do	4 1969 4:47 pm
	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	female.	White	11-21-9	ast birthday) YRS.	MONTHS CLAYS HOURS MIN
17	7o. BIRTHPLACE (Stote or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	country) Mary Land	U.S.A.	WIDOWED DIVORCED	Alloc	1 .01.
h	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (If not in bospital 12a 115)	UAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
	Cumberlan	give street address)Cum	lerland Nursing during	mast of working life, even if retired.)	INDUSTRY
ŀ	130. USUAL RESIDENCE (Where dec	eased lived, it institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
C	odmission) STATE	136. COUNTY Allegany	Cumberland YES IN	Total Cities House	food Street
F	14. FATHER'S NAME First	Middle T Lost	15. MOTHER'S MAIDEN NAME		Lost
1	Mark	, , , , , , , ,		low C	O'NCIL
t	160. WAS DECEASED EVER IN U.S.			Address	ONGL
1		ve wor or dates of service) 214-05-6	100 00 00		Cymb, Md.
ŀ		anly one cause per line far (a), (b), and (c)		The reasure	APPROXIMATE INTERVAL
1	PART I. DEATH WAS CAL	SED BY:	and I	0. 1	BETWEEN ONSET AND DEATH
1	1510 IMM	DIATE CAUSE (a)	marine, gene	ralinged	gar. 69
	Canditions, if any, which go	DUE TO, OR AS A CONSEQUENCE OF	end		non, 68 ?
	rise to immediate cause (c	),( (6) 0000 700		noch	1000,00.
	stoting the underlying cause	DUE TO, OK AS A CONSEQUENCE OF			
ė.	_	CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT DELATED TO THE TEDMINAL DISEASE OF	CONDITION CIVEN IN DART 1(a)	
	AG 25 197 ET LA LET 6	CONDITIONS CONTINUED TO SEATH BUT I	TO THE TERMINAL DISEASE OF	CCONDITION STREET IN FART T(0)	
	190. DATE OF OPERATION 1/17/69 210. ACCIDENT WAS UNDER	DE CONDITION FOR WHICH OPERATION WAS P	REORMED 20g AUTOPSY2	20b. IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
4	1/17/69	denocarcinoma, card	REFORMED 1000. AUTOPSY?	CAUCES OF DEATHS	TOTO DE RED IN CERTIFICIO
I	21a. ACCIDENT WAS UNDERL	urvature, stomach. YING 21b. TIME OF INJURY		ter noture of injury in Part 1 or Port 2,	Item 18)
1	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Doy Year		2,	
1		THINEY   F.M.   11.   12.   12.   13.   14.   14.   15.   16	CTORY.) 21f. LOCATION Street or R.F.D. N	lo. City or Town	County State
ı	While Nat while at wark of work	OFFICE BUILDING, ETC.			
ı	22a. I certify that (1)	this hospital) ottended the deceas	ed from 8 November 19	68_ to 14 and 19	69 that (1)-(wa) last
1	saw the deceased	this hospital) ottended the deceas alive on	1969, and that in (my) (aur) ap	pinian death occurred an the de	ate and haur and from the
1	causes stated abo	ive, (I) <del>-(we) (did)</del> (did no <b>i</b> ) view the	body after death.		
	22b. SIGNATURE	o Olaman M	ATTENDING TO	MED. STAFF 22c.	DATE SIGNED
	NA A	on Olmer, M.		MED. DIRECTOR PHYS. 14	April 1969
	22d. PHYSICIAN'S W. NAME (Type)	Alfred Van Ormer, M Van Ormen M.B.	D. 22e. ADDRESS	ntre Street, Cumb	erland Md
-					
1	23a. BURIAL, CREMATION, 23	b. DATE 1/16/69 23c. NAME OF	est Burial Park	23d. LOCATION (City or Town)	(County) (State)
1				Cumberland Alle	
1	Silcox-Merrit	Funeral Service.	humberland Md Md	1 8 1969 25b. REGISTRAR'S	les mose
L	DITTOOV-HELLT OF	Y TOTAL DOT ATCOM	JULIOUS TOTAL PAIL		



VE ALL TO ES A		n in the end of the same of th	MUNA	21862
	1 0 1 Bed	1-81-8	37 (5.4)	HALE
	YHADDAHA		A .2	UARYLAND II U
	William Vol.			
	X BONTING	COMBERGANO	YMADBULA	ONALITAN
January	208,40	13/40	S. WINEDTE	A1,1111
	genyo- Arrigeon		7. 10 10 ).	
	CESAVII NA			
73-45			Section 1	1
	, celine si, c		MARINE .	W. MC
	Constant			11.0/ 4. Mana 6/04 (C